

THE HUNDRED AND SECOND
ANNUAL REPORT UPON



INSTITUTE OF LOGICAL
MEDICINE

10. PARKS ROAD
OXFORD

THE HEALTH OF
LEICESTER
DURING
1950

E. K. MACDONALD
O.B.E., M.D., D.P.H.

CITY OF LEICESTER

HEALTH COMMITTEE

(As constituted 31st December, 1950)

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Vice-Chairman

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Miss P. H. CHAMBERLAIN
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Mr. W. T. TANSER

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Co-opted Members

Dr. E. W. GOODWIN	Mr. W. T. TANSER
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Medical Officer of Health

E. K. MACDONALD, O.B.E., M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

ALEXANDER HUTCHISON, M.D., D.P.H., F.R.F.P.S., D.P.A.
(Resigned 22nd October, 1950)

A. I. ROSS, M.D., D.P.H.

(Commenced 28th November, 1950)

Officers in Charge of Departments

<i>Medical Officer for Maternity and Child Welfare</i>	..	..	..	..	(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.
<i>Tuberculosis Officer</i>	..	..	..	..	J. CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.
<i>Public Analyst</i>	F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.
<i>Chief Sanitary Inspector</i>	F. G. McHUGH, F.R.San.I.
<i>Chief Clerk</i>	F. KELLETT, F.C.C.S.

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SUMMARY OF STATISTICS

FOR THE YEAR 1950

Population at Census, 1931	239,169
Population (estimated), mid-1950	287,520
Population at Census, 8th April, 1951	285,061
Marriages	2,646
Births (corrected)	4,709
Birth-rate (standardised birth-rate == 16.1)	16.4
Deaths (corrected for transferable deaths)	3,316
Death-rate (standardised death-rate == 11.6)	11.5
Deaths under One Year	139
Infant Mortality (per 1,000 Births)	29.5
Maternal Mortality (per 1,000 total births)	1.04
Zymotic-rate (per 1,000 population)	0.58
Respiratory Disease death-rate (per 1,000 population)	1.02
Cancer death-rate (per 1,000 population)	1.95
Tuberculosis death-rate (per 1,000 population)	0.46
Phthisis death-rate (per 1,000 population)	0.43

Area of City (in acres)	16,990
Number of Inhabited Tenements, January, 1951 ..	83,138
Number of Empty Houses, January, 1951	163
Number of Empty Cottages, January, 1951	47
Rateable Value at 1st April, 1950	£2,126,046
General Rate for the year, 1950-51	19/10 in £

	England and Wales	County Boroughs	London Adminis- trative County
Birth-rate	15.8	17.6	17.8
Death-rate	11.6	12.3	11.8
Infant Mortality (per 1,000 Births)	29.8	33.8	26.3

(Registrar-General's Figures)

*To the Chairman, Lord Mayor, and Members of the
Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1950, being the one hundred and second report in the series.

STAFF

Dr. A. Hutchison, Deputy Medical Officer of Health, resigned towards the end of the year on his appointment as Medical Officer of Health to Bolton. My sincere thanks are due to him for the excellent help he has been to me during the years he was in Leicester.

A hearty welcome is extended to Dr. A. I. Ross, his successor.

STATISTICS

POPULATION. Once again I have to report that the estimated population of the City has reached a high record. At mid-1950 it was estimated at 287,520, and this figure has been used in calculating the various rates.

BIRTH RATE. The post-war decrease has continued. The rate was 16.4 as compared with 17.9 in 1949.

INFANTILE MORTALITY. Though not quite so good for 1950 as for 1949 (23.8), this rate at 29.5 per 1,000 live births still remained satisfactorily low.

DEATH RATE. This rate remained at much the same level as that for the previous year, viz., 11.5 (11.6).

TUBERCULOSIS. The number of deaths from this cause (133) showed a substantial reduction on those for the two previous years (1949, 165 ; 1948, 183).

GENERAL COMMENTS

There are two aspects of the year's work to which I would like specially to refer : the Housing Survey and the Clean Food Bye-laws.

The Housing Survey, of which full details are given in the body of the Report, showed that over 18,000 houses now being lived in (and often overcrowded) are not of a satisfactory standard ; that is, approximately one-fifth of the City's houses ought to be demolished and replaced within a reasonable period of time. In the case of several thousand of these houses, replacement ought to be immediate.

Although a few more new houses were built in 1950 than in 1949, the need is not being met.

As regards the Clean Food Bye-laws, these are a most welcome advance towards the improvement of the Public Health.

Whether there is the risk of food poisoning or not, we all of us want our food prepared and served in a cleanly and hygienic manner. The new Bye-laws will assist enormously in the wider education of the public, and especially of the food handler.

I am glad to be able to take this opportunity of expressing to you, Mr. Chairman, and to the members of your Committee, the Department's and my grateful thanks for your continued interest in our work.

I wish also to thank every member of the staff for the really excellent work that has been done during the year.

I am,

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.,

Medical Officer of Health

Health Department,

Grey Friars,

Leicester,

28th August, 1951

ANNUAL REPORT 1950

SECTION A

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1950 as 287,520, and it is this population figure which is used for the calculation of the statistics referred to later on in this section. The figure is the highest yet recorded, but is probably too high, in that at the time of writing this Report, the Census figure, taken on the 8th April, 1951, is available, and gives the population of the City on that date as 285,061 (134,858 males and 150,203 females). These latter figures are also the highest ever recorded. Further comments on the Census are deferred till next year's Report, when more detailed information will be available.

Birth-Rate

The number of live births for 1950 was :

Males ..	..	..	..	2,427 (2,666)
Females	..	..	..	2,282 (2,411)
Total ..	..	..	..	4,709 (5,077)
Birth-Rate	..	..	..	16.4 (17.9)

(Note 1949 figures in brackets)

Reference to Table 1 shows that the birth-rate is still declining. It is still, however, slightly higher than that of the country as a whole (15.8). Table 3 shows the position of Leicester as compared with the other great towns. We are lower than average.

Of the 4,709 total births, 281 (males 153, females 128) were illegitimate, practically exactly the same as in 1949.

Stillbirths

There was a total of 105 stillbirths (50 males and 55 females). This is a welcome decrease on the 1949 figures, which were 128, 69 and 59 respectively. Of the stillbirths, one illegitimate stillbirth occurred per 25 total illegitimate births and one to every 47 total births.

Infant Mortality

Last year (1949) I reported that we had achieved the low figure of 23.8 infant deaths per 1,000 live births—a wonderful record. This year (1950) the figure is 29.5, not quite so good, but still, nevertheless, very satisfactory.

The main causes of infant deaths were (Registrar-General's figures) :

Cause		Male Deaths	Female Deaths	Total
Prematurity	.. ..	29	18	47
Congenital malformations	..	11	9	20
Birth injury	.. ..	8	4	12
Pneumonia	.. ..	8	4	12
Atelectasis	.. ..	8	1	9
Gastritis, Enteritis	..	4	3	7
Accident	.. ..	2	4	6
Infectious Diseases	..	5	1	6
Bronchitis	.. ..	3	2	5
Other diseases	.. ..	11	4	15
		—	—	—
		89	50	139
		—	—	—

Of the total 139, ante-natal causes appear to account for the largest group, viz., 76 deaths, and an additional 12 deaths followed birth injury.

Of the remaining 51, 30 were due to infectious diseases of varying kind.

Further discussion will be found in the Report on the Maternity and Child Welfare Department (page 72).

Marriages

The number of marriages solemnised in Leicester was 2,646 (2,806).

Death-Rate

The total number (corrected) of deaths was 3,316 (3,274), namely 1,705 (1,595) males and 1,611 (1,679) females.

The death-rate was therefore 11.5 (comparable to that of the year 1949, 11.6).

These rates require correction by the comparability factor in order to be of value in comparing the city with towns of similar size but differing composition, and so must be multiplied by 1.01 to obtain the standard death-rate, which is 11.6.

Reference to Table 3 shows that only four out of the twenty largest towns, viz. : Croydon (10.1), Bristol (11.25), Portsmouth (11.47), and Southampton (11.72) had death-rates less than Leicester. The rate for England and Wales was 11.6, and for all the County Boroughs 12.3, so Leicester's rate was not unsatisfactory.

My reference to the "comparability factor" may be obscure to some readers, and so a brief explanation may be helpful.

Males die more readily at all ages than females. Persons at the extremes of life die more readily than persons at the prime of life. These two facts taken together mean that in a town such as Leicester, with more females in the population than males and not an undue preponderance of very young or very old people, the death-rate will naturally be lower than for a town in which the reverse is the case, e.g., a mining town or a health resort.

Thus, the corrected death-rate of a place like Leicester has to be multiplied by a factor of over 1.0, whereas that for, say, Southport, would have to be multiplied by a factor of less than 1.0, if the rates of the two towns are to be comparable.

The standard death-rate obtained by this method is of great comparability value as to the relative healthiness of the locality.

The main causes of death are as shown below, but reference should be made to Table 2 for fuller detail. A word of caution is, however, necessary. The method of classification of deaths adopted by the Registrar-General for 1950, as shown in Table 2, is different from that used in previous years. It is therefore not possible always to compare two years' figures.

Heart and Vascular Disease

Out of 3,316 total deaths, 1,648 (or 49.7%) were assigned to these causes. Lumped together under this heading are the following : vascular lesions of the nervous system, coronary disease, angina, hypertension with heart disease and other heart and circulatory disease. Personally, I believe that there is great room for improvement in the classification. Quite frequently I see Death Certificates which mean the same thing, but owing to a slight difference in wording are classified (quite properly) differently. It is thus unprofitable to attempt a too rigid interpretation of these different classifications.

Of the 1,648 deaths under this heading, 805 were males and 843 females, and only 38 were in persons under 45 years of age ; 1,299, or 79%, were in persons of over 65 years of age.

Cancer

There were 561 deaths.

I do not propose to give a comparable figure for 1949, as I am not sure that the totals are strictly comparable.

It is, however, possible to compare the figures for cancer of certain definite sites, viz. :

Stomach	..	..	..	79 (1950), 84 (1949)
Breast (females only)	..	..	..	71 (1950), 58 (1949)
Uterus	..	..	..	31 (1950), 37 (1949)

With regard to these last two sites, I do not think I can do better than repeat the advice I have given in my last two reports—I wish every woman aged 35 and over really appreciated its importance.

Both these two kinds of cancer are easy to diagnose even in the early stages, and prompt treatment gives a very good chance of cure.

If any woman who can feel a lump in her breast, which when it is felt by the flat of the hand feels like a marble, would immediately go to her doctor and ask his advice—if every woman who gets irregular bleeding from the front passage would also seek advice at once—most of the deaths from cancer of these two types would be saved.

Pain is not the first symptom of cancer of the breast or womb. Proper advice for the “marble-like” lump or for irregular bleeding is of vital importance.

There is, however, another site which is affected by cancer to which reference is desirable, namely, cancer of the lung.

In 1950, 69 men and 10 women died from cancer of the lung or bronchus.

Recent research has shown that there is a definite association between cancer of the lung and smoking. This has been proved statistically. *Cave canem!*

Of the 561 total deaths, 514 were in persons aged 45 years and over, and 307 were in persons aged 65 years and over.

Tuberculosis

In contradistinction to cancer, which is relatively a disease of the later years of life, tuberculosis is of the greatest importance in that it affects so many people in the prime of life. The following table brings out this point :

Age Group	% of Total Deaths	
	Cancer	Tuberculosis
0—14	0.9	2.3
15—24	0.4	9.8
25—44	7.1	30.0
45—64	36.9	40.6
65—74	33.1	13.5
75—	21.6	3.8
All groups	100.0	100.0

Thus it can be shown that whereas in cancer only 8.4% of the deaths occur in persons under 45 years of age, 42.1% of the tuberculosis deaths occur in this important period of life.

But, of course, analysis must not end here. The total number of deaths is important. That for cancer has already been given. It is very satisfactory to report that in 1950 the number of deaths from tuberculosis, having achieved low records in both the previous years (1948 = 183, 1949 = 165), has again been substantially reduced, and a low record total of 133 deaths has been reached. But, as I have tried to show, many of these deaths are in a most important period of life, when earning power should be nearing its highest and when a death so often means tragic bereavement to a young family. Of the total of 133 deaths from this disease, 88 were in males and 45 in females.

Details of the action taken against this formidable disease will be found in Appendix I (page 58).

Respiratory Disease

There were 109 deaths from pneumonia, 165 from bronchitis and 24 from "other" diseases of the respiratory system—somewhat better than the previous year (128, 207 and 49 respectively).

Road Traffic Accidents

16 (23) deaths—males 8, females 8. Three were children under five years of age, and a further three between five and fifteen years.

INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

Measles

A non-epidemic year with 1,839 (4,195) cases and 3 (1) deaths. The three deaths were all in children under five years of age. There were 1,541 cases in the first six months of the year—a hang-over from the previous "epidemic" year.

Scarlet Fever

478 (547) notifications were received and confirmed. There was no (0) death.

Whooping Cough

969 (1,044) cases were confirmed—there were 3 (5) deaths. All the three deaths were in children under one year of age. If only infection could be avoided till the child was older and thus more able to stand the disease, lives would be saved. Parents should take the utmost care to prevent a young baby from contact with a known case of whooping cough.

Diphtheria

Confirmed cases 5 (6); deaths 0 (0).

To indicate to anyone who is not biased, the value of Diphtheria Immunisation, it is only necessary to study the statistics relative to the incidence of the disease and the number of deaths it caused over a reasonable period.

As the Immunisation Campaign began to have an effect about 1941, we now have ten years of diphtheria under the influence of immunisa-

tion, and we can fairly compare this period with the period before immunisation, say 20 years from 1921 inclusive.

The following table shows the difference.

1921-1940—	Average yearly number of notified cases of diphtheria	359
	Average yearly number of deaths from diphtheria ..	19.7
1941-1950—	Average yearly number of notified cases of diphtheria	180
	Average yearly number of deaths from diphtheria ..	4.1

But even these figures do not show the whole truth, for the Diphtheria Immunisation Campaign has an accumulative effect, and therefore the last five years (not ten) show a truer picture.

1921-1945—	Average yearly number of cases	..	..	354
1946-1950—	Average yearly number of cases	..	..	28
1921-1945—	Average yearly number of deaths	..	..	17.3
1946-1950—	Average yearly number of deaths	..	..	0.4

Therefore, by comparing the twenty-five years 1921-1945 with the last five years 1946-1950, it has been shown that the incidence of diphtheria has decreased thirteen-fold, and its fatality over forty-fold.

Nothing like this drop has been recorded in Leicester during any other period for which records are available. It is not coincidence or anything else whatever, but—immunisation.

I have drawn these comparisons because there appears to be some falling off in the number of children immunised of recent months. If this continues, it will be tragic, and parents must take warning. One of the reasons for this loss of public confidence has undoubtedly been due to the publicised connection between infantile paralysis and hypodermic injection. No doubt, cases have occurred in which there is a connection, but we have not as yet had a single instance of this in Leicester, and in any event the risk is most remote. It would be absolute foolishness to refuse immunisation because of the risk of contracting infantile paralysis—the most that need be done is to postpone the immunisation procedure till infantile paralysis is no longer epidemic—i.e., a month or so—and it is very doubtful whether even this is wise. Unchecked diphtheria is a far greater peril than infantile paralysis.

The number of children immunised against diphtheria and of persons vaccinated against smallpox is as shown in the accompanying tables. I have also given certain figures for vaccination for the previous years, 1948 and 1949, which I have recently received from private general practitioners.

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1950	3515 (3669)	604 (414)	4119 (4083)
Number of children given "boosting" dose in 1950	956 (307)	1103 (2636)	2059 (2943)
Number of cases of genuine diphtheria during 1950 in "immunised" children	Nil (2)	2 (Nil)	2 (2)
Number of deaths from genuine diphtheria during 1950 in "immunised" children	Nil (Nil)	Nil (Nil)	Nil (Nil)

(Note : 1949 Figures in brackets)

Vaccination

Number of Persons Vaccinated (or Re-vaccinated) during 1950

Age at 31st December, 1950	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	133 (80)	96 (78)	45 (27)	128 (101)	402 (286)
No. re-vaccinated	— (—)	3 (4)	21 (18)	218 (123)	242 (145)

(Note : 1949 figures in brackets)

PRIVATE DOCTORS SUPPLEMENTARY RECORD for year ending 31st December, 1949

Number of Persons Vaccinated (or re-vaccinated) during 1949

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	23	15	12	42	92
No. re-vaccinated	—	3	7	52	62

PRIVATE DOCTORS SUPPLEMENTARY RECORD for year ending 31st December, 1948

Number of Persons Vaccinated or (re-vaccinated) during 1948

Age at Date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
No. vaccinated ..	2	1	—	5	8
No. re-vaccinated	—	—	—	2	2

Sonné Dysentery

A severe (numerically) outbreak of sonné dysentery affected the city in the latter part of the year. It commenced, mainly at one of the day nurseries, in July, and necessitated earlier closure of the nursery for the August holiday. During August there was some rebate, but after the holiday a considerable number of cases occurred and continued to occur during the rest of the year throughout the city, with special emphasis on the Braunstone Estate, where the Day Nursery was so badly affected that it was also closed for a time.

No full method of control of the epidemic was possible owing to the numbers involved, but efforts were concentrated on preventing spread among the very young and through food handlers. Prophylactic treatment was also used extensively among the nursery children and staff.

The Department received the greatest help and consideration from the private general practitioners and the Public Health Laboratory, both of whom on many occasions were quite overwhelmed with the volume of work imposed on them.

The number of confirmed cases was as follows :

Quarter ending ..	31/3/50	30/6/50	30/9/50	31/12/50	Total
Under 5 years ..	5	2	61	215	283
5—14 years ..	2	1	5	132	140
15—44 years ..	—	1	24	55	80
45—64 years ..	—	—	3	5	8
65 and over ..	—	—	12	7	19
Age unknown ..	—	—	112	55	167
 Total ..	7	4	217	469	697

These figures do not, however, give the true picture as regards notifications, which were as follows :

First Quarter ..	..	..	7
Second Quarter ..	..	..	5
Third Quarter ..	..	..	261
Fourth Quarter ..	..	..	910
			—
			1,183

each of which had to be investigated, and for each of whom several laboratory specimens examined.

There was little difference in incidence between the sexes, viz., 550 males and 633 females. There was no death.

Poliomyelitis

79 confirmed cases were reported, of which 42 had paralysis of varying degree and 37 had no paralysis. There were four deaths, all males.

The main incidence of cases was in the usual third quarter of the year, in which 61 cases occurred.

No connection could be found between any case and recent tonsillectomy or injection procedure.

Food Poisoning

Outbreaks affecting 347 persons were notified to and investigated by the Department.

The most spectacular of these occurred in the week before Christmas. We were advised on the Wednesday morning that numerous employees of the Dunlop Rubber Company Ltd. at St. Mary's Mills, Leicester, were showing symptoms of acute food poisoning. Immediate investigation showed that the drinking water supply was implicated. It appeared at first that the canteen supply tanks were at fault, but further investigation showed without doubt that there was an illicit connection between the firm's drinking water mains and the river water outside.

In the meantime steps had been taken to prohibit the use of the ordinary drinking water supply and to substitute boiled water for the canteen.

The illicit water connection was duly discovered and cut off. An employee of the firm had made it on the previous Sunday across the river water mains, which are used at high pressure for industrial purposes, and the drinking water mains, which were at a much lower pressure.

This difference in pressure meant, of course, that river water was forced into the city fresh water mains at high pressure and affected, not only the firm's supply, but also a considerable number of dwelling houses in adjoining streets. Immediate notice was given to householders that all water must be boiled until further notice (which unfortunately included the Christmas holiday !), so that there might be some reasonable degree of safety while the measures to sterilize the mains, which were forthwith put into operation, took effect.

The fullest co-operation was obtained from the firm itself (which accepted complete responsibility), from the City Water Department and from the Public Health Laboratory.

A full report on the incident is being published in the Monthly Bulletin of the Ministry of Health.

160 employees were known to be affected, and, in addition, 28 persons living in the neighbourhood. Nine cases of true Sonné Dysentery and one of Flexner Dysentery are included in the above.

A very interesting sequel of the investigations was the demonstration by the Public Health Laboratory of the presence of *Shigella Sonnei* (the infecting organism of Sonné Dysentery) in the river water.

PROPORTION OF DEATHS FROM PRINCIPAL
CAUSES, 1950

GRAPH 1

TOTAL DEATHS, 3,316

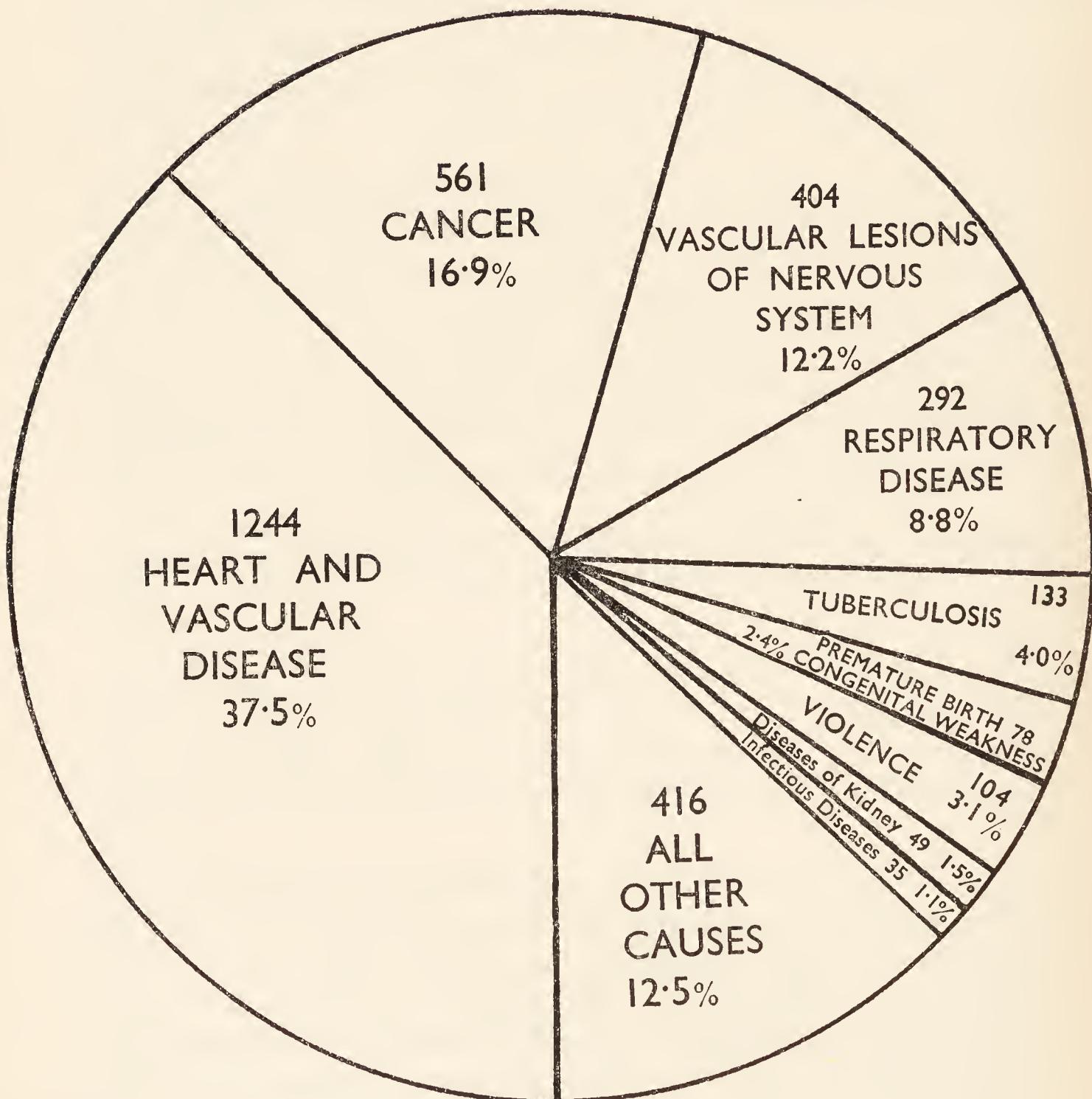


TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1911-1950

Year	Estimated Population	Birth-rate	Death-rate	Zymotic (Death-rate)	Infant Mortality
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.95
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5

TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS	M	1705	89	12	7	118	465	1014
	F	1611	50	11	10	107	312	1121
1. Tuberculosis of Respiratory System	M	87	—	—	—	28	40	19
	F	38	—	—	—	23	12	3
2. Other forms of Tuberculosis	M	1	—	—	—	1	—	—
	F	7	—	2	1	1	2	1
3. Syphilitic Disease ..	M	11	—	—	—	—	5	6
	F	3	—	—	—	—	1	2
4. Diphtheria	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	2	2	—	—	—	—	—
	F	1	1	—	—	—	—	—
6. Meningococcal Infections	M	2	1	1	—	—	—	—
	F	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	4	1	—	—	—	3	—
	F	—	—	—	—	—	—	—
8. Measles	M	2	1	1	—	—	—	—
	F	1	—	1	—	—	—	—
9. Other Infective and Parasitic Diseases	M	5	—	—	—	1	1	—
	F	4	—	—	—	—	2	1
10. Cancer of Stomach ..	M	40	—	—	—	—	4	16
	F	39	—	—	—	—	3	10
11. Cancer of Lung and Bronchus	M	69	—	—	—	—	4	40
	F	10	—	—	—	—	3	4
12. Cancer of Breast ..	M	1	—	—	—	—	—	1
	F	71	—	—	—	—	7	27
13. Cancer of Uterus ..	F	31	—	—	—	—	4	17
14. Other Malignant and Lymphatic Neoplasms ..	M	154	—	—	—	—	5	50
	F	136	1	—	—	2	11	39
15. Leukæmia, Aleukæmia	M	6	—	1	—	—	1	3
	F	4	—	—	1	—	—	1
16. Diabetes	M	7	—	—	—	—	1	5
	F	15	—	—	—	1	1	10
17. Vascular Lesions of Nervous System	M	166	—	—	—	—	3	30
	F	238	—	—	—	—	—	42
18. Coronary Disease, Angina	M	212	—	—	—	—	5	85
	F	125	—	—	—	—	—	26

TABLE 2 (continued)—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease	M	66	—	—	—	—	16	50
	F	66	—	—	—	—	13	53
20. Other Heart Disease ...	M	297	—	—	1	14	40	242
	F	372	—	—	—	9	35	328
21. Other Circulatory Disease	M	64	—	—	—	3	11	50
	F	42	—	—	—	3	4	35
22. Influenza	M	2	—	—	—	1	1	—
	F	2	—	—	—	1	—	1
23. Pneumonia	M	53	8	—	—	1	12	32
	F	46	4	2	—	4	5	31
24. Bronchitis	M	97	3	—	—	5	24	65
	F	68	2	—	1	1	9	55
25. Other Diseases of Respiratory System	M	15	1	—	—	—	1	9
	F	9	—	—	—	—	2	3
26. Ulcer of Stomach and Duodenum	M	35	—	—	—	—	4	16
	F	7	—	—	—	—	1	2
27. Gastritis, Enteritis and Diarrhoea	M	8	4	—	—	—	—	4
	F	13	3	—	—	—	2	7
28. Nephritis and Nephrosis	M	22	—	—	—	1	5	12
	F	27	—	—	—	—	3	7
29. Hyperplasia of Prostate	M	25	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	F	5	—	—	—	—	5	—
31. Congenital Malformations	M	15	11	—	—	—	1	2
	F	16	9	2	—	1	1	3
32. Other Defined and Ill-defined Diseases	M	186	55	4	—	14	41	72
	F	162	26	3	2	14	31	86
33. Motor Vehicle Accidents	M	8	—	1	1	3	3	—
	F	8	—	1	—	4	1	2
34. All Other Accidents ...	M	23	2	4	3	5	2	7
	F	33	4	—	1	—	5	23
35. Suicide	M	18	—	—	—	4	11	3
	F	12	—	—	—	2	8	2
36. Homicide and Operations of War	M	2	—	—	—	—	1	—
	F	—	—	—	—	—	—	1

TABLE 3

Table showing Population, Birth-rates, Death Rates and
Mortality rates of the 20 large towns

		Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Leeds
Registrar-General's estimated population for 1950 :								
(a) Civil	—	294,300	—	244,600	256,800	251,600	—	509,40
(b) Total	1,117,900	294,300	442,600	244,600	256,800	251,600	302,100	509,70
Comparability factor :								
(a) Births	0.97	1.02	1.00	0.97	0.95	0.97	1.01	0.97
(b) Deaths	1.13	0.98	0.98	1.07	1.27	0.94	1.15	1.08
Birth Rate per 1,000 population ..	16.8	16.7	16.03	17.48	17.3	14.3	19.3	15.9
Crude Death Rate per 1,000 population	10.9	14.2	11.48	11.59	9.4	10.8	11.5	12.3
Death Rate as adjusted by factor ..	12.3	13.9	11.25	12.40	11.9	10.1	13.2	13.3
Death Rates per 1,000 population from :								
Typhoid and Paratyphoid Fever	—	0.00	—	—	0.00	—	0.00	—
Meningococcal Infection	0.01	0.01	—	0.004	0.00	—	0.00	0.004
Scarlet Fever	0.00	0.00	—	—	0.00	0.004	0.01	—
Whooping Cough	0.02	0.03	0.005	0.004	0.004	0.004	0.02	0.01
Diphtheria	0.00	0.00	—	—	0.00	—	—	0.002
Influenza	0.07	0.08	0.106	0.089	0.12	0.064	0.04	0.04
Measles	0.01	0.01	0.007	0.008	0.008	0.008	0.00	0.004
Acute Poliomyelitis and Encephalitis	0.05	0.02	0.068	0.008	0.011	0.020	0.01	0.02
Acute Infectious Encephalitis	0.00	0.01	0.007	—	0.00	—	—	—
Smallpox	—	0.00	—	—	0.00	—	—	—
Diarrhoea (under 2 years)	0.04	0.07	0.0045	0.028	0.031	0.032	1.7	0.03
			0.28*	1.59*				1.691
Tuberculosis :								
(a) Pulmonary	0.43	0.31	0.411	0.457	0.47	0.237	0.33	0.35
(b) Other forms	0.03	0.06	0.043	0.028	0.06	0.028	0.06	0.03
Cancer (all forms)	1.88	2.25	1.979	1.92	1.60	1.993	1.92	2.08
Infantile Mortality Rate	30.2	38.0	23.25	27.0	32.6	26.0	34.5	31.0
Neo-Natal Mortality Rate	19.2	20.0	15.78	16.78	18.6	17.0	20.0	18.2
Stillbirth Rate	23.0	22.3	21.78	24.99	23.0	20.0	24.77	22.74
Maternal Mortality Rate (per 1,000 total births) from :								
(a) Sepsis	0.36	0.40	0.00	—	0.00	0.264	0.17	0.12
(b) Other causes	0.47	1.00	0.96	—	0.87	0.264	0.50	0.48
Total	0.83	1.40	0.96	0.66	0.87	0.528	0.67	0.60

*Per 1,000 live births.

TABLE 3

, Zymotic Death-rates, Infant and Maternal
England and Wales for 1950

	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on- Trent	Sunderland
20	—	—	—	—	—	—	177,700	515,000	—	275,800	178,100
8	802,300	704,500	294,800	307,000	208,960	240,020	177,700	—	180,800	275,800	178,100
1	0.97	0.96	0.98	0.98	0.98	0.97	0.96	1.00	1.00	0.97	1.02
3	1.20	1.12	1.10	1.09	1.07	1.05	1.15	1.08	1.03	1.22	1.14
3	20.1	17.65	16.80	17.4	16.91	15.22	18.9	14.3	17.83	17.0	19.3
3	11.6	12.77	13.31	11.1	11.72	10.92	12.9	11.4	11.38	11.4	12.6
4	13.9	14.30	14.64	12.01	12.54	11.47	14.8	12.3	11.72	13.9	14.36
	—	—	—	—	—	—	—	—	—	0.0	0.00
07	—	0.001	0.000	—	—	0.00	—	—	—	0.022	0.00
07	—	0.015	0.007	0.014	0.003	0.01	0.01	0.011	0.002	0.011	0.00
104	—	—	0.000	—	—	—	—	—	—	0.0	0.00
104	—	0.025	0.03	0.024	0.02	0.01	0.01	0.017	0.016	0.011	0.006
14	—	0.002	0.004	0.000	—	—	—	—	—	0.0	0.006
14	—	0.066	0.09	0.149	0.07	0.05	0.05	0.129	0.045	0.055	0.098
104	—	0.005	0.01	0.003	0.01	—	—	0.006	0.004	0.011	0.025
14	—	0.007	0.007	0.014	0.003	0.01	0.01	—	0.010	0.005	0.018
034	—	0.004	0.004	0.010	—	0.005	0.00	0.034	0.006	—	0.007
—	—	—	0.000	—	—	—	—	—	—	0.0	0.00
243	0.052	0.05	0.030	2.6	0.01	0.04	0.118	0.027	0.011	0.033	0.079
3	0.599	0.58	0.621	0.46	0.52	0.36	0.4	0.313	0.354	0.508	0.505
27	0.080	0.07	0.085	0.03	0.07	0.04	0.07	0.054	0.083	0.033	0.067
5	1.939	1.99	2.185	1.94	1.82	1.95	2.3	1.930	2.097	2.059	1.858
1	37.3	37.87	33.65	31.0	29.43	29.84	43.0	27.8	29.48	43.0	45.0
19	6	20.60	20.39	16.9	18.96	18.07	25.9	18.9	22.65	25.0	23.0
22	84	26.08	28.84	19.5	18.88	24.04	23.0	21.0	24.22	26.98	31.0
2	0.06	0.08	0.38	0.37	0.277	—	—	—	—	0.00	—
2	0.36	0.70	0.96	—	0.83	0.53	—	0.531	1.51	0.41	0.28
4	0.42	0.78	1.34	0.37	1.107	0.53	—	0.531	1.51	0.41	0.28

per 1,000 births

TABLE 4

MUNICIPAL WARDS. VITAL STATISTICS, 1950

	DEATHS				Infant Mortality per 1,000 live births	Births (corrected)		
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years				
1. St. Margaret's	15	3	84	158	260	43.7		
2. Latimer	13	1	66	153	233	41.9		
3. Charnwood	5	3	64	146	218	27.9		
4. Spinney Hill	2	1	81	155	239	18.3		
5. Wycliffe	5	1	73	159	238	20.2		
6. Castle	8	1	62	130	201	32.5		
7. Westcotes	8	3	79	216	306	29.2		
8. Newton	12	5	61	98	176	24.9		
9. Abbey	14	1	53	121	189	68.6		
10. Belgrave	11	2	62	144	219	31.7		
11. Humberstone	7	—	56	110	173	22.5		
12. Evington	5	—	39	69	113	26.0		
13. Knighton	5	2	51	165	223	24.8		
14. De Montfort	10	1	83	108	202	32.9		
15. Aylestone	9	—	63	122	194	33.3		
16. North Braunstone	13	—	60	86	159	33.0		

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1936-1950

Disease	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Measles	0	10	1	10	1	2	1	0	5	1	0	1
Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	7	20	33	50	20	8	3	6	1	0	1	0
Whooping Cough	11	11	9	12	2	12	1	7	4	2	3	5
Diarrhoea	} Under two years of age	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Enteritis		..	..	20	21	17	25	11	28	45	25	43	76	83	7
Influenza	33	117	20	37	86	32	26	92	16	20	26	4
Puerperal Fever	9	5	5	0	2	1	4	4	3	1	0	3
Cerebro-Spinal Fever	1	3	4	3	10	10	9	4	1	2	3	2
Poliomyelitis	0	0	0	0	0	1	1	0	0	0	1	4
Encephalitis Lethargica	2	4	4	2	4	2	3	0	1	2	1	1
Pneumonia	192	171	154	138	207	168	109	133	112	147	148	99

TABLE 6. DEATHS FROM CANCER, 1950
(TOTAL 558)

Tabulated as to Age, Sex and Organ Affected,
in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	1	—	—	1
Tongue	—	—	2	—	3	1
Jaw	—	—	—	—	1	—
Mouth	—	—	1	—	—	1
Larynx	—	—	2	—	4	1
Oesophagus	—	—	1	—	6	2
Stomach	3	1	19	13	20	27
Intestines	—	—	—	—	1	—
Colon	—	1	10	12	24	26
Rectum	.	..	—	—	10	3	13	14
Liver	—	—	—	1	1	3
Pancreas	—	—	2	5	7	7
Spleen	—	—	—	—	—	—
Lungs	1	—	45	8	24	3
Kidney	—	—	2	—	—	2
Bladder	—	—	3	1	11	5
Prostate	—	—	—	—	18	—
Testicle	—	—	—	—	1	—
Ovary	—	1	—	14	—	11
Uterus	—	1	—	19	—	9
Breast	—	—	—	33	1	37
Bones	—	2	4	1	—	1
Other Forms or not specified	..	—	3	5	18	10	9	8
Total	..	—	7	11	120	120	144	156
								271
								287

TABLE 7
CANCER STATISTICS, 1920-50
(Calculated locally)

Year	Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150
1936	392	12.9	150
1937	366	11.2	139
1938	417	14.1	158
1939	423	14.0	161
1940	447	11.9	172
1941	471	14.5	177
1942	465	15.9	179
1943	487	15.0	191
1944	519	16.9	202
1945	496	15.9	193
1946	504	15.3	187
1947	492	14.7	178
1948	526	17.4	188
1949	509	15.5	180
1950	561	16.9	195

SECTION B

Miscellaneous Health Services

In this Section I propose to include reports on certain sections of the work of the Health and other Departments which do not easily fit into any Appendix.

These are the reports on :

- (a) Water Supplies
- (b) Cremation
- (c) City Ambulance Service
- (d) Mental Health Service
- (e) Home Nursing
- (f) Care and After-Care, including Health Education
- (g) Venereal Disease
- (h) Housing matters

WATER SUPPLIES

I am indebted to Mr. T. S. Griffin, M.I.C.E., Water Engineer, for the report on the work of his Department during 1950.

It is the responsibility of the Water Committee and Water Engineer to see that an adequate and satisfactory supply of water is available for the needs of the city. It is the responsibility of the Health Committee and, in particular, of the City Analyst, to be satisfied with the quality of the water supplied. Further details on the results of analyses may therefore be found on page 141 in the City Analyst's Report.

The happiest state of co-operation exists between the two Departments.

Mr. Griffin reports as follows :

- “(1) The water supplied in the statutory area of the Leicester City Corporation has been satisfactory during the year 1950, both as regards (a) quality and (b) quantity.
- “(2) The following are the number of samples from local reservoirs submitted for bacteriological examination and chemical analysis to the City Analyst during 1950.

Cropston Reservoir :

<i>Bacteriological</i>	..	4 raw water
		16 filtered water
		16 chloraminated or chlorinated water
<i>Chemical</i>	..	3 raw water
		1 chloraminated or chlorinated water

Swithland Reservoir :

<i>Bacteriological</i>	..	13 raw water
		17 filtered water
		17 chloraminated or chlorinated water
<i>Chemical</i>	..	5 raw water
		9 filtered water

Thornton Reservoir :

<i>Bacteriological</i>	..	21 filtered water
		8 chlorinated water
<i>Chemical</i>	..	15 raw water
		6 filtered water
		1 chlorinated water

In addition to the above samples of local waters, the following analyses of Derwent water have also been made by the City Analyst.

Derwent Water :

Bacteriological .. 4 samples of filtered and chlorinated water

Chemical 6 samples of filtered and chlorinated water

All the chlorinated and chloraminated samples were passed as satisfactory and the filtered samples were approved subject to sterilisation.

Apart from the above, regular samples of water for both chemical and bacteriological examination have been taken at random from various points within the area, both by officers of the Health Department and the Water Department. In three instances only was the water in supply found to be in any way faulty. In two of these instances further sterilisation of lengths of new mains was necessary before the water passing through was completely satisfactory. In the third instance, contamination was caused in a large works of the city by an unauthorised person making a connection between a main carrying canal water and a Corporation supply main. This had the effect of permitting contaminated water to feed into the district mains. Immediate steps were taken by the Water Department to isolate the area and carry out thorough sterilisation and cleansing of the mains so affected.

The raw water from the Derwent Valley, being soft moorland water, is liable to plumbo-solvency, and corrective treatment by the continuous addition of lime is carried out by the Derwent Valley Water Board in fulfilment of its obligation under Section 58 of the Derwent Valley Water Act, 1899. Any suspected form of contamination has been investigated by the City Analyst and the necessary action taken by the Water Engineer.

The number of houses in the authorised area of the Leicester Corporation with a piped water supply is approximately 119,000 :

(a) 117,000 are supplied direct to the house

(b) 2,000 are supplied by taps in yards, etc.

The population supplied at the present time is estimated to be 414,000, and apportioning between the number of houses supplied direct and from taps in yards, it may be estimated that approximately 407,000 persons receive a supply direct to the house and 7,000 people receive a supply from taps in yards.

No standpipes are allowed in the water area of the Corporation."

CREMATION

Cremation is an important Public Health Service. It is the most hygienic method of disposal and it does not sterilize valuable land. It is, therefore, of interest to note the progress of this particular method of disposal of the dead.

I am indebted to Mr. E. H. Marsh, Superintendent-Registrar, for the following information :

Year				No. of Cremations
1945	..	..	..	378
1946	..	..	..	471
1947	..	..	..	578
1948	..	..	..	561
1949	..	..	..	805
1950	..	..	..	946

CITY AMBULANCE SERVICE

The following report has been prepared by Mr. J. E. Osweill, Chief Ambulance Officer.

In 1950, compared with 1949, as the table below shows, considerably more calls were made on the City Ambulance Service, but mileage travelled was very little larger. Some of the increase was due to the termination of the contract between the City and the Leicester and County Convalescent Homes Society for the use of their ambulances, but much was due to more requests for conveyance by ambulance.

Ambulance Service

	Calls			Mileage		
	1950	1949	1948	1950	1949	1948
City Ambulance Service ..	83,682	55,651	28,161	367,768	287,941	147,765
Leicester and County Convalescent Homes Society	1,897*	11,603	8,322†	12,202*	84,310	44,888†
St. John Ambulance Brigade ..	2,351	609	178	8,511	11,599	4,217
Totals	87,930	67,863	36,661	388,481	383,850	196,870

*Three months only.

†Six months only

Comparing the total calls on ambulances in the city in each of the last three years, the increase of 1950, compared with 1949, was considerably less than that of 1949 over 1948.

The following table gives the difference in the number of calls between 1949 and 1950 for various types of cases.

	Total Calls, 1949	Total Calls, 1950	Increase of 1950 over 1949	Decrease of 1950 from 1949
Out-patients . . .	34,890	44,379	9,489	—
Hospital admissions and discharges and convalescent cases . . .	16,575	16,694	119	—
Mental cases . . .	246	262	16	—
Road accidents . . .	380	338	—	42
Maternity cases . . .	1,969	1,932	—	37
Dead on arrival . . .	147	159	12	—
Other accidents . . .	1,424	1,796	372	—
Gas and Air Apparatus delivered and returned . . .	3,009	3,520	511	—
Infectious cases . . .	219	567	348	—
Transport journeys . . .	2,011	2,200	189	—
Others	963	1,513	550	—
Non-city cases . . .	258	207	—	51
Children taken to and from Occupation Centre	5,772	14,363	8,591	—
Totals . . .	67,863	87,930	20,197	130
Total increase . . . 20,067				

It will be noted that most of the increase has occurred in two categories, "out-patients" and "children taken to and from the Occupation Centre". Some of the increase in out-patients has been due to more patients attending Groby Road Hospital for artificial pneumothorax refills. This arrangement relieves hospital beds and in many cases allows patients to have earlier collapse therapy. The indications are that the increased use of ambulances for this valuable purpose will continue. Apart from this type of out-patient, the increased use of ambulances to convey out-patients to hospital has been taken up with the hospitals concerned and also with the Executive Council and the Local Medical Committee. In this connection it is well to point out that ambulances cannot be provided when the patient can walk or go by public transport, or simply because he has luggage.

The explanations of the other differences between the two years are as follow :

"Other accidents"—increase 372, must be attributed to greater demand. It is possible that this type of accident (e.g., in the home or factory) increased in the two years.

“Gas and Air”—increase 511, is an excellent trend indicating increased use of gas and air analgesia by municipal midwives, the reasons being (1) more midwives trained in the use of the apparatus, (2) more apparatus available, and (3) patients more readily accepting this form of treatment.

“Infectious cases”—increase 348, is accounted for by the outbreaks of poliomyelitis and sonné dysentery, which were responsible for a considerable number of admissions.

“Transport”—increase 189, was due to increased use of transport for the collection of specimens for examination for sonné dysentery.

“Others”—increase of 550 from 963 in 1949 to 1,513 in 1950. In this category were calls where, on arrival at the address given, the ambulance was found not to be necessary. For example, the patient was not in or the person applying for the ambulance had given the wrong address or wrong date, or the patient’s condition had deteriorated since the application was made and removal to hospital was undesirable. “999” calls were responsible for many where the drivers on arrival found that the patient did not require an ambulance or the call was a malicious false alarm. All cases where the ambulance is not required are investigated and appropriate action taken with a view to a reduction in the number of such calls.

The larger number of children taken to the Occupation Centre has been due to (1) a larger number of children on the average attending the Centre—39 in 1950, compared with 23 in 1949 and (2) transport was provided by the Local Authority only from 5th May, 1949. Before that, Leicester Frith supplied transport.

Following the termination of the contract between the City and the Leicester and County Convalescent Homes Society, ambulances, additional drivers and vehicles became necessary. The personnel strength was increased to 57 drivers, and the fleet to 17 ambulances and nine cars by the purchase of new vehicles. Commer chassis with Wadham ambulance bodies for stretcher cases and Ford Pilot cars for sitting cases continued to be standardised.

The agreement with the St. John Ambulance Committee remained in force.

Negotiations continued for the building of a new Ambulance Station on the site which has been secured on Welford Road. Because of the additional vehicles obtained during the year, the present Station at Prebend House, London Road, was even less satisfactory than before.

Few of the ambulances are under cover at night. Three cars are garaged elsewhere and at night up to 12 ambulances have to be parked at the L.M.R. Station. These conditions increase external bodywork dilapidations, and the lower engine temperatures reached when the cars are parked outside in winter increase engine wear.

Details of the work done during the year are given in the tables overleaf.

To conclude, the considerable increase in the use of ambulances gives great concern to those responsible for the Service and it is hoped that substantial rises such as recorded in this report will not occur again.

It is gratifying to report that, mainly due to unified control of ambulances and improved administrative methods, although substantially more calls were received in 1950, the total mileage, as stated above, was very little more than in 1949, i.e., in 1950, miles per call were less than in 1949, indicating more economical use of transport.

J. E. OSWELL,
Chief Ambulance Officer

CITY AMBULANCE SERVICE

Work carried out during 1950. Calls, 83,682 ; Mileage, 367,768

		Mileage									
		Total Calls									
		Non-City Cases			Children taken to and from Occupation Centre						
		Others	Transport journeys	Infectious Cases	Gas and Air Apparatus Delivered and Returned	Other Accidents	Maternity Cases	Road Accidents	Mental Cases	Hospital Admissions and Discharges and Convalescent Cases	
January ..	3,363	1,122	24	20	171	11	115	303	25	184	110
February ..	3,155	1,156	18	22	152	13	100	246	30	157	94
March ..	3,570	931	39	40	182	11	131	295	61	169	63
April ..	3,874	1,218	32	20	177	12	151	338	41	95	107
May ..	3,597	1,372	34	22	168	7	156	304	54	131	123
June ..	3,347	1,316	27	35	171	11	179	328	52	118	117
July ..	3,728	1,319	13	25	143	15	155	276	60	146	110
August ..	3,389	1,243	20	39	144	13	154	289	71	168	92
September ..	3,208	1,242	12	27	141	13	182	324	48	212	118
October ..	3,680	1,323	9	32	155	13	160	271	52	182	133
November ..	3,579	1,411	15	34	151	16	125	248	30	240	110
December ..	3,360	1,375	17	19	160	22	186	298	43	278	110
Totals ..	41,850	15,028	260	335	1,915	157	1,794	3,520	567	2,174	1,512
											207
											14,363
											83,682
											367,768

1. St. John Ambulance Brigade : Calls, 2,351 ; Mileage, 8,511

2. Leicester and County Convalescent Homes Society : Calls, 1,897 ; Mileage, 12,202

		Mileage	
		Total Calls	
		Others	
St. John Ambulance Brigade			
January	..	33	545
February	..	29	258
March ..	36	32	343
April ..	207	55	1,065
May ..	140	25	650
June ..	131	60	191
July ..	143	32	176
August ..	183	28	677
September ..	148	36	736
October ..	217	18	211
November ..	305	18	184
December ..	356	22	606
Totals ..	1,953	388	2,351
Leicester and County Convalescent Homes Society			
January	..	573	946
February	..	408	573
March ..	64	297	3,763
Totals ..	576	1,278	1,944
			12,202
			1,897

MENTAL HEALTH SERVICE

Mr. Goodacre, Mental Health Officer, has prepared the following report, which gives a clear picture of the work of this Department during the year under review.

The only comment I would like to make is a word of thanks to Mrs. Kendall, who, after many years of devoted service, including a period after normal retirement age, retired on superannuation during the year. She gave most valuable service to the Occupation Centre—not an easy job, but one that brings much happiness to a section of the less fortunate. She has the Department's best wishes for her retirement.

Mr. Goodacre reports as follows :

1. Administration

(a) *Constitution of Meetings of the Mental Health Sub-Committee*

The Mental Health Sub-Committee is constituted in accordance with Part II of the Fourth Schedule of the National Health Service Act, 1946 ; the Committee consisting of 12 members, 11 of whom are members of the Local Authority, the other member being the Medical Superintendent of the Towers Hospital. The Committee meets once per month.

(b) *Number and Qualifications of Staff employed in the Mental Health Service*

The Medical Officer of Health is directly responsible for the administration of this Service.

In addition, he has the part-time services of a Medical Officer experienced in mental deficiency work, whose main duties are the ascertainment of defectives, medical supervision of guardianship cases, and the carrying out of periodic examination of pupils at the Occupation Centre.

Staff at Charles Street. At the commencement of the year the staff consisted of the Senior Mental Health Officer, the Deputy Mental Health Officer, and one male and one female Mental Health Worker, all four officers combining the work of Authorised Officer, Petitioning Officer and Mental Health Visitor for both the Lunacy and Mental Treatment, and the Mental Deficiency Acts. On the 26th June, 1950, however, Mrs. R. Charles resigned on securing an appointment with the Leicestershire County Council, and Mrs. E. M. Roblin was appointed as Mental Health Visitor, commencing her duties on August 14th, 1950. For the time being it was decided that Mrs. Roblin would

be authorised to carry out duties under the Mental Deficiency Acts only. Also there is a senior and a junior shorthand-typist who assist in the general administration and clerical work of the department.

Staff at Occupation Centre. Mrs. E. B. Kendall, Supervisor at the Occupation Centre for many years, retired from the Service at the end of the summer term. Mrs. M. V. Taylor returned to the department after twelve months' absence and was appointed Supervisor from 1st September, 1950. During the year of absence, Mrs. Taylor had taken the training course organised by the National Association for Mental Health and succeeded in gaining a diploma. The qualified Assistant Supervisor, the unqualified Assistant Supervisor, and the part-time Handicrafts Teacher all left the department at different times during the year, the former to take a senior post at a new Occupation Centre in Exeter. All of these three were replaced by staff with experience in Mental Deficiency work. At the end of the year the Occupation Centre staff comprised one qualified Supervisor (Diploma of National Association of Mental Health), three unqualified Assistant Supervisors (all with Mental Deficiency hospital experience), and one cook.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees

Officers of the Mental Health Services continue to maintain close liaison with the officers of the local Hospital Management Committees, thus ensuring the co-operation which is essential in providing for the implementation of the provisions of Section 28 of the National Health Service Act.

The supervision of patients on trial or licence from hospitals or institutions for mental defectives is now, in the main, carried out by officers of the Hospital Management Committee.

(d) Voluntary Associations

The whole of the responsibility for after-care is now shared between the officers of the Mental Health Department and those employed by the Hospital Management Committee and no duties are delegated to Voluntary Associations.

(e) Training of Mental Health Workers

Three of the four officers in the Charles Street Headquarters of the Mental Health Department attended an instructional course during 1949 for Mental Health Workers. It is intended that they shall attend a refresher course as soon as suitable arrangements can be made. The fourth officer is awaiting the next arranged initial course.

The Occupation Centre Supervisor obtained her qualification to hold this post during 1949-50. No arrangements have been made as yet for a training course for the three Assistant Supervisors.

The local group of the Association of Mental Health Workers arrange frequent visits to hospitals and institutions within the East Midland area and these visits are often supplemented by instructional talks given by the senior officers of such establishments. There is a keen interest amongst the whole of the staff and every opportunity is taken to see that as many as possible participate in these instructional visits.

2. Account of work undertaken in the Community

(a) *Under Section 28, National Health Service Act, 1946. Prevention, Care, and After-care*

In the initial stages the whole of the domiciliary work of the department is carried out under Section 28.

There were, in all, 805 persons dealt with by the department who were suffering, or alleged to be suffering, from mental illness or mental defectiveness during the year. Of these, 245 are dealt with in the section relating to Lunacy and Mental Treatment, and 560 under the Mental Deficiency section of this report.

(b) *Lunacy and Mental Treatment*

At the commencement of the year there were 39 persons receiving the attention of the department, either as observation or after-care cases, and during the year a further 206 persons were referred, the 245 persons being dealt with as follows :

Of those referred who were suffering or alleged to be suffering from mental illness, 114 were dealt with in accordance with Sections 14, 15 and 16 of the Lunacy Act, 1890 (Summary Reception Order), 14 under Section 11 of the same Act (Urgency Order), 11 others were admitted to hospital as provided by Section 1 of the Mental Treatment Act (Voluntary), and eight in accordance with Section 5 of that Act (Temporary).

In all, 147 persons were admitted to hospital for treatment for their mental illness and of these 136 were cases where it was necessary to arrange for their admission to hospital under certificate.

The remaining 98 cases dealt with by the department during the year were visited in their homes and were given advice and as much assistance in overcoming their difficulties as could be offered.

As a result, in some cases, advantage was taken of the psycho-therapeutic clinic at the Royal Infirmary, and some attended the Towers Hospital out-patient clinics. Successful preventive care was carried out in some cases.

Of the 98 cases, there remain 42 persons either under observation or in need of after-care on 31st December, 1950.

The number of persons being admitted to hospital under certificate grows less each year, and the attitude of members of the community is generally found to be more readily co-operative in the early treatment of mental illness. The number of patients who submitted themselves voluntarily for treatment during the year is approximately three times as many as those who were admitted under certificate, and whilst the certification rate falls, the total admission rate increases and the length of stay in hospital tends to decrease.

There are many enquiries made of the office in Charles Street when advice is given which results in voluntary admission to hospital. The number, unfortunately, is not known.

It should be noted that public awareness of this field of preventive medicine is growing.

(c) *Under Mental Deficiency Acts, 1913-38 :*

Analysis of cases dealt with during the year

	Cases on 1st Jan., 1950	During Year		Cases on 31st Dec., 1950
		Cases Ref.	Cases Removed	
Statutory Supervision ..	361	45	42	364
Voluntary Supervision ..	83	16	10	89
Guardianship ..	.. 5	1	5	1
After-Care ..	.. 29	2	6	25
Miscellaneous ..	.. 12	3	3	12
Alleged M.D. (not accepted) ..	.. —	3	3	—
 Total Supervision Cases	490	70	69	491
	—	—	—	—

Twenty-eight of the cases dealt with during the year were from the Local Education Authority and the majority of the remainder were referred by parents or responsible relatives.

Twenty-four of the cases removed from the supervision files were as a result of admission to Glenfrith Hospital ; 28 were removed because of a change of address causing them to leave the area of this Authority, or change of address without notifying the department of the new residence, or were as a result of death. Those cases moving from the

city are transferred to the authority responsible for such cases in the new area. It was considered that in 12 cases there was no further need for active supervision. Five cases were discharged from Guardianship Order by authority of the Board of Control.

In three cases there was insufficient evidence of mental deficiency to justify any action under the Acts and those cases were referred to other departments for action.

At the beginning of the year there were 24 names on the waiting list for institutional care.

During the year 25 names were added and 25 were removed. Nineteen of the 25 removed from the list were admitted to institutions and the other six were removed because of improvement in condition or behaviour.

3. Training

The Occupation Centre, housed in premises rented from the Fosse Road Methodist Church, provides not only for the training of children excluded from school but it also serves as a handicraft centre for those pupils over 16 years of age. A successful response to this training is obtained because it is suited to the special needs of these children. In addition to the training and supervision carried out by the Occupation Centre staff referred to earlier in this report, a weekly visit is made by a Health Visitor. Periodic examinations are also carried out by a Medical Officer and by a Dental Surgeon. The Centre is open during primary school days from 9 a.m. to 3-30 p.m. and the pupils attending are given a mid-morning beverage, usually one-third pint milk, and they are provided with a midday meal. Transport to and from the Centre is provided by the Committee's own vehicle, a specially adapted 32-seater bus, which is staffed by City Ambulance personnel.

The year 1949 ended with 30 pupils on the Centre register, but the organisation of an extra bus run morning and afternoon from January, 1950, enabled this number to be increased to 45. Further additions during the year resulted in there being 56 pupils on the register in December, 1950.

There were no serious epidemics affecting the children and 7,670 actual attendances out of a maximum possible 10,115 give an average of 75.8 per cent. for the whole year.

It is hoped that during 1951 it will be possible to arrange for a suitably qualified officer to commence home training for those children who are unable to attend the Centre because of medical or physical disabilities.

S. A. GOODACRE

Mental Health Officer

HOME NURSING

The work of the District Nursing Association has continued in an entirely satisfactory manner. There is little on which I need comment. There is a small increase in the patients attended and in the number of visits paid. There have been the usual difficulties owing to staff shortages, as usual surmounted.

Miss C. Sadler reports as follows :

LEICESTER DISTRICT NURSING ASSOCIATION

Report on the Home Nursing Service for the year ending 31st December, 1950

(C. SADLER, Senior Superintendent)

Staff

On 31st December, 1950, the staff consisted of 34 full-time nurses, including the administrative staff and 13 part-time nurses. Establishment, 45.

Training. Eleven candidates entered for training for the Queen's Roll during the year, ten sat for the examination and nine were successful.

Work. The total number of cases nursed during 1950 was 6,209 and the total number of visits paid was 131,083, an increase of 899 cases and 3,876 visits, as compared with 1949.

ANALYSIS OF CASES NURSED

(A) Pneumonia and other chest complaints	509
(This total includes 210 cases of tuberculosis)	
(B) Influenza	18
(C) Cancer, Medical and Surgical	323
(D) Insulin	144
(E) Complications of the puerperium	50
(F) Dressings, miscellaneous	1,153
(G) Chronic cases other than cancer	1,324
(H) All other cases	1,819
(I) Children under five, Medical and Surgical	869
	6,209

C. SADLER,
Senior Superintendent of Home Nursing

LEICESTER DISTRICT NURSING ASSOCIATION. NURSING REPORT
For Period 1st January to 31st December, 1950

Home	No. of Patients	No. of Visits	Principal Cases Nursed					
			A	B	C	D	E	F
Central ..	2,425 (2,076)	55,077 (54,171)	194 (144)	9 (23)	118 (123)	65 (44)	17 (16)	431 (582)
Humberstone ..	492 (457)	12,290 (11,925)	60 (25)	3 (5)	34 (24)	15 (11)	3 (7)	97 (100)
Belgrave ..	1136 (997)	24,850 (25,576)	102 (103)	4 (8)	55 (45)	26 (20)	17 (19)	166 (185)
West End ..	1,487 (1,228)	27,352 (24,113)	114 (94)	2 (1)	83 (80)	23 (29)	11 (6)	316 (284)
Aylestone ..	669 (552)	11,514 (11,422)	39 (39)	— (3)	33 (31)	15 (18)	2 (4)	143 (131)
Total ..	6,209 (5,310)	131,083 (127,207)	509 (405)	18 (40)	323 (303)	144 (122)	50 (52)	1,153 (1,282)

A—Pneumonia and other Chest Complaints

B—Influenza

C—Cancer, Medical and Surgical

D—Insulin

E—Complications of Puerperium

F—Dressings

G—Chronic cases other than Cancer, Medical and

H—Others

I—Children under five, Medical and Surgical

CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

The duties laid upon the Health Authority by Section 28 of the National Health Service Act, 1946, have little limit in their possible scope, except the limit forcibly applied nowadays by finance and lack of staff.

Nevertheless, something has been done, though nothing like as much as we should have liked.

If the reader will refer to my report for 1948 (page 33) he will see that I there outlined the various proposals which were included in our scheme under this Section. It seems therefore reasonable to comment on each proposal and to report what happened to it during 1950.

(a) It was proposed to co-operate with other local health authorities, and especially the Nottinghamshire County Council, in the extension of the Sherwood Village Settlement. Little progress has been made towards this scheme for various reasons, especially an apparent change in Ministerial attitude. This is unfortunate.

One would-be settler, I am sorry to say, died before the admission formalities could be completed.

(b) It was proposed to establish a night sanatorium for housing infective but working tuberculous patients. Although over 50 such patients, who appeared to be suitable candidates, were circularised and personally visited, so that the scheme could be explained to them, not one was willing even to consider it !

(c) It was proposed to appoint a Care and After-Care Sub-Committee to supervise the work under Section 28. This was, of course, done, and the General Welfare Sub-Committee established.

Part of the work of this Sub-Committee is to look after the Home Help Service (see this Report, page 91), and to control the issue of beds and bedding to tuberculosis patients and also the issue of free milk to such persons.

With the co-operation of Hospital Management Committee No. 2, and especially the Leicester Isolation Hospital and Chest Unit, beds and bedding have been loaned free to suitable cases during the year under review. In all 18 persons have been so assisted. The financial means of the family are assessed, and help is given if the family income is below a definite datum line. No help is given if there is no financial need.

In two instances, free milk (one pint daily) has been given.

(d) *Health Education.* This important branch of the work of the Health Department has continued at full strength during the year, and I am glad to be able to include the following very interesting report by Mr. C. R. Walker, Health Education Officer, on the work of his Department.

HEALTH EDUCATION OFFICER'S ANNUAL REPORT (C. R. WALKER, Health Education Officer)

Exhibitions

During this year two outstanding events have been the two Public Exhibitions. Both of these Exhibitions entailed a considerable amount of work but, on the other hand, helped considerably in making useful contacts.

Health Exhibition, Market Hall, 27th March to 1st April

The first Health Exhibition, which was given the title, "Your Very Good Health", was held in the Market Hall from 27th March to 1st April, inclusive, and was opened by Sir John Alexander Charles, M.D., B.S., F.R.C.P., D.P.H., Chief Medical Officer to the Ministry of Health. It is estimated that between 30,000 and 35,000 people attended the Exhibition.

Prior to the opening of the Exhibition, a luncheon was given by the Lord Mayor (Alderman J. S. Wale) to Sir John Charles, and the Opening Ceremony was afterwards performed in the Corn Exchange Hall, which was beautifully decorated by the Parks Department. Later, the platform party made a tour of the Exhibition. The exhibitors, other than the Health Department, who took part were as follows : the local hospitals, Blood Transfusion Service, Mass Radiography, British Red Cross Society, Home Safety, Civic Restaurants, Children's Department, Executive Council, Speech Therapy, Water Department, Parks Department, Museum and Art Gallery, Baths Department, Public Cleansing Department, Information Bureau, Welfare Department, Blind Institution and several commercial firms. Arrangements for the latter had been delegated to Messrs. British Organisers Ltd., who had also advised on the general layout for the Exhibition. The shell stands were of a uniform structure and were erected by a London firm of standfitters.

In conjunction with this Exhibition, displays of Physical Culture were arranged in the evenings and were organised by the following : the Evening Institutes, Amateur Boxing Association, British Red Cross

Society, Central Council for Physical Recreation and the Amateur Gymnastic Association. Attendance at these displays was disappointing, especially as a great deal of publicity had been given to them.

Prior to the Exhibition, a Press Conference was held at which Mr. Councillor G. Gallimore, T.D., J.P., Chairman of the Health Committee, presided and representatives from the following newspapers attended :

- (i) The Leicester Evening Mail
- (ii) The Leicester Mercury
- (iii) The Leicester Advertiser
- (iv) The Illustrated Chronicle

Foot Health Exhibition--Messrs. Whitby's Showroom, 12th June to 17th June

The Exhibition, held in Messrs. Whitby's Garage Showrooms and Basement was, I understand, the most comprehensive provincial effort in the country. Prior to this Exhibition, preliminary meetings had been arranged with representatives from the following :

- (a) The Leicester and Midlands Shoe Retailers' Association
- (b) Leicester Boot and Shoe Trades' Association
- (c) Wholesale Footwear Distributors' Association
- (d) Multiple Shoe Retailers' Association
- (e) The School of Boot and Shoe Manufacture—College of Technology
- (f) Chiropodists
- (g) School Health Service
- (h) Education Committee
- (i) Tanners' Association
- (j) Women's Voluntary Organisation
- (k) Chamber of Commerce

There was a very willing and ready response by all the above to participate in the Exhibition, and as a result of this co-operation, the Exhibition proved a great success. Messrs. Whitby very generously loaned the premises for this occasion, and these proved to be most suitable from all aspects.

On Monday, 12th June, at 12 noon, the Right Worshipful the Lord Mayor of Leicester (Alderman F. E. Oliver, T.D.) opened the Exhibition. He was accompanied by the Lady Mayoress. Approximately 120 people attended the Opening Ceremony. The Chairman for this occasion was the Vice-Chairman of the City Health Committee, Dr. Councillor W. E. Howell. After opening the Exhibition, the Lord Mayor and the Lady Mayoress made a tour of the Exhibition.

Floral decorations of pink and blue Larkspur, Canterbury Bells,

Ferns and Cupressus were kindly loaned for the Exhibition Week by the Parks Committee, and the flowers were admired by all.

The total attendance during the week was approximately 4,253. Members of the Women's Voluntary Organisation very kindly undertook the counting of people visiting the Exhibition.

During the week, numerous parties from the schools of the city paid a visit to the Exhibition. The parties were escorted round the Exhibition by second-year students from the School of Boot and Shoe Manufacture at the College of Technology. The students were on duty for the whole of the day, and they proved themselves excellent "guides". Thanks are due to Mr. J. V. A. Long, Head of the School of Boot and Shoe Manufacture, who kindly arranged for the students to be in attendance, and to the students themselves.

The main portion of the Exhibition was held in the basement. This was so arranged that the visitor would have a clear picture of the following displays: from Hide to Leather; the stages of manufacture of a shoe; the work of the Research Association in endeavouring to find a perfect last for children's shoes—good styles in narrow, medium and broad fitting in adult footwear; points to observe when purchasing shoes; shoes for different occasions such as for sportswear, inclement weather, etc., repairing, showing good and bad repairs. Also displayed were plaster models of feet which had suffered from the wrong footwear, giving rise to bunions, etc.

After the visitor had seen this display, he or she was then able to see if his or her own shoes fitted correctly. There was the Pedoscope, which had been loaned by a large firm of retailers in the city, and this was staffed throughout the week by expert shoe fitters. It was estimated that about 80 per cent of the girls from the schools who visited the Exhibition were wearing shoes too short for them, whereas only 15 to 20 per cent of the boys' shoes were too short for them. Then, having seen an X-ray picture of his or her feet, the visitor was invited to step into the office used by the British Boot, Shoe and Allied Trades' Research Association. Here a photograph was made of the left foot. These photographs, it is hoped, will help towards finding a perfect last, etc., for the adult foot. Over 500 photographs were taken by the Research Association for this survey.

Members of the Chiropodist Association gave free consultations during the week, and a total of 912 people took advantage of this offer. Six people arrived for consultations on Monday morning before the Exhibition opened, and after the Opening Ceremony approximately one person every five minutes visited the chiropodist.

On Tuesday, 13th June, Dr. Katherine Hirst, a medical officer of the Maternity and Child Welfare Section of the Ministry of Health, paid a visit and expressed her admiration of the Exhibition.

The Exhibition was open daily during the week from 9 a.m. to 7 p.m., and the outstanding success which it achieved from a health aspect and educationally was due to the wholehearted co-operation of all the Associations which contributed in the various ways.

Lectures and Films

Ninety-seven talks were given during the year to various voluntary organisations—schools and youth centres, in addition to short talks being given to the mothers in the Child Welfare Centres.

Successful courses of four lectures each were arranged at the Hazel Street Youth Centre, Catherine Street Youth Centre and Northfield House Youth Centre. These courses were arranged in conjunction with the Youth Committee and the Leicester Marriage Guidance Council under the general title, "Friendship, Courtship and Marriage." An average of forty-five boys and girls attended each talk, which was a most gratifying number.

A further course of lectures on "Human Relationships" was arranged in conjunction with the Diocesan Council for Mothers' Unions, the Sunday Schools and the Girls' Friendly Society. This course was designed to help the leaders in their various clubs.

Numerous schools in the city asked me to speak to their senior scholars on the Health Services, and the teachers have requested posters and leaflets as issued by the Central Council for Health Education. Many of the lectures were illustrated by films which were borrowed from various sources, such as the Central Film Library, Imperial Chemical Industries Ltd., Encyclopædia Britannica Films, American Embassy, etc.

The film "Your Children and You" was shown in 17 Child Welfare Centres, and this seemed a popular film with the mothers. A short introductory talk was given prior to the showing of the film.

Films have also been shown on numerous occasions throughout the year to :

- (i) Student Health Visitors
- (ii) Home Helps
- (iii) Midwives at their quarterly meetings

An Episcope was purchased by the department to assist in the illustration of talks, etc. This has been a very useful piece of apparatus and was considerably used during the talks in the Youth Centres.

Publicity

A great deal of Health Propaganda has been circulated through various media, using the cartoon figure of Dr. Fosse. For example, the two Exhibitions gave very wide scope for publicising Dr. Fosse, who appeared on posters, handbills, press advertisements, a special Exhibition brochure and bus cards.

The City Transport has been most co-operative in permitting health slogans to appear regularly in the buses.

I have also made good use of the space in the Leicester City Football Programme for conveying messages through the mouthpiece of Dr. Fosse.

Blotters illustrating Dr. Fosse and the thirteen Health Services were widely circulated through the libraries, schools, factories, youth centres and voluntary organisations.

It was unfortunate that in April the Ministry of Food vacated their premises in Rutland Street, which meant that the window we had been using for display purposes was no longer available to us. However, for a time we were granted the use of the window of the Civil Defence Offices, Belvoir Street, until they themselves required to use the window for purposes of recruitment.

The Ministry of Information arranged for four Publicity Officers, Mr. J. B. B. Wright (Sierra Leone), Mr. J. V. Rodrequez (Trinidad), Mr. V. P. Josephides (Cyprus), and Mr. Maung (Burma) to visit Leicester to see our methods of health propaganda. I was able to explain to them our methods and to show them the various sections of the Health Department at work. Dr. Randall, Senior School Medical Officer, explained the function of the School Medical Service, and Dr. Humphreys, Maternity and Child Welfare Medical Officer, gave them a detailed account of the constitution of the various services under the Maternity and Child Welfare Section, after which they were able to meet various other officers of the department, who gave further explanations. We visited several Child Welfare Clinics, and they were able to see the type of posters and leaflets used in the clinics.

In conjunction with the Ministry of Food, in order to publicise further the Welfare Foods (Cod Liver Oil, Orange Juice, etc.), a meeting was arranged in the Demonstration Theatre of the East Midlands Electricity Board, Charles Street. The Lord Mayor, Alderman F. E. Oliver, T.D., presided, and was accompanied by the Lady Mayoress. Mrs. Hunter, lecturer at the Leicester Domestic Science College, addressed the meeting.

“Better Health”

The 1,500 copies of this magazine published by the Central Council for Health Education are widely distributed among the following :

- (a) Members of the Health Committee
- (b) Head Teachers of all Schools
- (c) Secretaries of Voluntary Organisations
- (d) Welfare Officers in Factories
- (e) Colleges
- (f) St. John Ambulance Brigade
- (g) Red Cross Society
- (h) Wardens of Youth Clubs
- (i) Child Welfare Centres

Numerous individual requests have also been made for copies.

Visits

A considerable number of visits has been made to factories, etc., genial relationships have been established now with the Welfare Officers, and many leaflets and posters have been sent to the factories at their request.

The Central Council for Health Education display stand with the different topics has been exhibited in various places, including the libraries, factory canteens, cinema foyer and colleges. It has also been possible to display leaflets on the stand and many have been circulated in this way.

The local Food Office is now co-operating in displaying posters and leaflets issued by the Central Council for Health Education. The Food Executive Officer has very generously offered all the support possible, and parents collecting welfare foods, etc., are able also to collect leaflets.

An illustrated booklet of the Health Services, together with health hints is in the process of compilation. Photographs taken for the Health Exhibition will be used in this brochure.

Social

Cavendish Road Child Welfare Social Centre

The attendance at the above was well maintained throughout the year. A different programme was arranged each week ; for homecraft, films, talks and cookery demonstrations arranged by the East Midlands Gas Board.

During the months of June, July and August, the Centre was closed, as it was thought that as there were parks within easy reach of the

Centre, it would be wise to take advantage of these instead of meeting in a room.

A Christmas Party was held and was attended by 36 children and 30 mothers. The Mothers' Committee organised the party very well, and all who attended expressed appreciation of their effort.

During the year, I have attended the numerous meetings of the following :

- (i) Discharged Prisoners' Aid Society
- (ii) Marriage Guidance Council
- (iii) Association of Social Workers
- (iv) Inter-Professional Commission for Mental Health

Once again I have been able to make many useful contacts through my attendance at these meetings, and requests for talks and films by various organisations are steadily increasing.

C. R. WALKER

Food Hygiene

A most important part of Health Education is that dealing with Food Hygiene or, put otherwise, the education of the public, or rather that special portion of it that is professionally concerned in the handling of food in any way, in the clean handling of food.

The Health Committee decided to make the experiment of the appointment of a woman food hygiene inspector with domestic science qualifications, whose duties were entirely educational and not legal. Of necessity this officer must work closely with the Sanitary Inspectorate, who act as "enforcement" as well as education officers.

Miss D. O. Jones was therefore appointed in June, 1950—the first appointment of its kind, as far as I am aware, in the country. In my opinion, she is carrying out a most valuable piece of work.

Her report is as follows :

HEALTH EDUCATION DEPARTMENT (Miss D. O. JONES, Food Hygiene Inspector)

During the seven months after the commencement of my duties with this Department in June, 1950, 366 visits were made to premises throughout the city in order to ascertain the standard of hygiene at present in operation ; a subsequent 84 revisits were made during the latter part of the year.

Upon the initial visit, premises were classified into one of three groups, until such time as a City Standard could be compiled.

Visits	Cafes	Small Shops	Staff Canteens	Clubs and Hostels	Common Lodgings	Residential Hotels	Public Houses	Fried Fish Saloons	Total
Initial ..	130	45	27	55	5	27	63	14	366
Return ..	53	17	5	6	—	1	1	1	84
Total ..	183	62	32	61	5	28	64	15	450
Group A ..	45	23	14	33	2	9	36	7	169
Group B ..	60	17	13	17	3	13	25	5	153
Group C ..	25	5	—	5	—	5	2	2	44
Total ..	130	45	27	55	5	27	63	14	366

Group A—Temporarily satisfactory

B—In need of improvement

C—Unsatisfactory

Throughout the whole of the period, I have worked in close co-operation with the Sanitary Inspectorate from whom I have received every consideration and help. In the majority of places, reception has been most cordial, the managers and manageresses being willing to co-operate to the fullest extent. The question of authority to enter premises was raised by one person, but permission was not withheld.

As this is my first report, I think that it would be helpful if I gave some indication of the standards of equipment and methods at which I have aimed, and of the basic objects of my work.

I felt it desirable from the very beginning to aim at a very high standard in order that we might attain some degree of hygienic conditions as soon as possible in the future, and though I was resigned to wait for results, I felt that it was better to offer suggestions for improvement, and let the managers and manageresses complete the improvements in their own time in co-operation with the Health Department, rather than force improvements upon them and probably lose all co-operation by so doing. By this, I do not mean that those premises in Group C were permitted to remain at so low a standard as long as they wished ; I expected to see some effort at an improved standard each time I visited such premises, but I did not expect to see a "revolution" upon my second visit.

Much of the early work of improvement (which was of a structural nature), was undertaken in co-operation with the Sanitary Inspectorate,

who aimed at a standard compiled upon a logical interpretation of the Food and Drugs Act, 1938, Section 13. The attainment of such a standard necessarily takes time, due to the fact that building licences and permits have to be obtained, and the job followed through to its conclusion by the Sanitary Inspectorate.

With regard to my own standards, I have concentrated on the strictest observance of cleanliness both in the catering premises, and in the personal hygiene of the food handlers.

I found that, generally, throughout the city, those firms whose premises were in possession of enamel type catering equipment, maintained such plant in a fairly good condition, whilst the majority of firms using the old black iron equipment were not particular in the cleaning, most of it being heavily coated with grease. As much of the latter plant had been placed on the "obsolete" list as far as replacement of fittings was concerned, I suggested that steps should be taken to replace it with the newer enamel type. I found that those premises carrying out this suggestion immediately commenced to maintain the equipment in a better condition—this I put down to the fact that the cleaners found far less energy required to clean the enamel than the black iron.

Unfortunately, catering equipment is not obtainable on loan or hire-purchase system, thus the cost is very heavy for some firms to bear.

I suggested that all draining sides be made removable, as the overlap on the sink makes an excellent trap for grease and dirt : I attempted also to discourage the use of teak sinks, as I consider them unhygienic—being porous, the grease seeps into the wood, and in attempting to scrub sufficiently well to remove the grease, the wood itself soon becomes splintered, making the condition worse. I advocate the use of stainless steel sinks as being the most economical over a long period ; they also have the advantage of being moulded with the draining side complete, thus eliminating the overlap.

I found that as it was a fairly common practice to leave perishable goods, such as dried fruit, dried egg, dried pulses, custard powder and cornflour, exposed on the storeroom shelves, I suggested that metal containers should be provided for such goods to eliminate the risk of contamination through pests, of which traces could frequently be found in the storerooms, such containers to be washed thoroughly before new stock was added. I also asked for the provision of flour and sugar bins in preference to using these commodities directly from the sack or bag in which they were delivered.

A common practice for the control of rats and mice is the keeping of cats, which are either locked in the storeroom, or permitted to roam throughout the premises : as a percentage of cats and dogs can carry *Salmonella* organisms, I suggested that neither should be allowed in any part of the premises where food is prepared or stored, and that one of the patent rodent poisons should be used instead, great care being taken that none of the powder comes into contact with exposed foodstuffs.

To guard against possible contamination of food whilst on sale to the public, food cases should be provided on all sales counters—I was very pleased to see that in many places these cases had been installed by the time I made my second visit. The practice of using food cases was also adopted by the Leicester Retail Market for the protection of perishable foods such as cakes, biscuits and sweets, and I was also pleased to notice that some of the salad stalls had protected the cooked beetroot with cellophane paper.

Upon visiting hotels and public houses, I found that very few used a detergent in the water for washing glasses : as special detergents for use in conjunction with glass-washing in public houses are available on the market, I suggested that the publicans approached their own brewery upon the subject, in order that a detergent having no adverse effect upon the beer might be used.

In conjunction with the Sanitary Inspectorate, it was suggested that immersion heaters or gas water-heaters were installed in those premises at present relying on the "back-boiler" system for hot water, as it was found that cold water only was used for washing glasses in many cases using this system during the period 10 a.m. to 2 p.m.

Managers and manageresses enquired whether it would be possible to award a Certificate of Hygiene to those premises who attained the standard required by the City of Leicester, as they felt that it would, in some small way, reward them for the expenditure and work entailed to comply with such standards.

The Factory Inspectorate were approached at the earliest opportunity in order that both departments might work in conjunction with each other with regard to applying the standard to factory canteens. Further to this meeting, seven visits were made to factory canteens at the invitation of the Factory Inspectorate who wished to have the opinion of the Sanitary Inspectorate and myself upon these premises. I do feel that the two departments will be able to work closely together in the future, and that each will be able to give the other considerable help.

Visits were made to restaurants and staff canteens, including those attached to premises belonging to British Railways, Inland Revenue, Post Office Services, the Ministry of Labour, and the City of Leicester Corporation, and in each case every consideration was shown to me.

Lectures

I gave three lectures to the Central Institute for Women at the invitation of the Principal of the Institute; also included in these lectures were the film strips on Food Handling, and the film "Another Case of Poisoning", prepared by the Central Office of Information for the Ministry of Health in conjunction with the Central Council for Health Education.

Letters were sent by the Health Education Officer to all women's organisations in the city offering to arrange lectures upon the subject of Hygiene in the Kitchen, if they so wished, but the response was very poor, only two lectures being arranged, and it was then decided to adopt the personal approach to secretaries of these organisations at the earliest convenience.

Conferences and Exhibitions

On the 6th July, 1950, I attended the Conference of the Royal Sanitary Institute at the Town Hall, Newark-on-Trent, when Mr. A. H. Walters, Chief Bacteriologist at the Milton-Deosan Research Laboratories, read a paper on "Hygiene in Communal Feeding"; during the afternoon, a visit was made to Messrs. Warwick's Brewery Ltd., Northgate, Newark-on-Trent.

I also had the privilege of attending the Clean Food Exhibition arranged by the Borough of Bedford, in order to obtain ideas for the proposed Exhibition to be held in Leicester in July, 1951. During the visit to Bedford, I was very fortunate in being able to attend a talk given to housewives of the Borough by Professor Andrew Topping, Dean of the London School of Hygiene and Tropical Medicine.

During September I visited the Home Life Exhibition held in Leicester, in order to gain knowledge of the latest types of equipment available for use in the home, and any that might be used to advantage by the small caterers throughout the city.

On 10th November, 1950, I attended a meeting in the Corn Exchange, Leicester, which was attended by the Market Stallholders, and an address was given by the Medical Officer of Health, under the chairmanship of Councillor G. Gallimore, J.P., on the subject of the new Clean Food Byelaws.

D. O. JONES
Food Hygiene Inspector.

(e) Holiday Homes

In my report for 1949 I stated that we had found two holiday homes sufficient for our requirements, viz., for adults at Hunstanton, and for children at Roecliffe Manor. We have continued to use these two homes during 1950 and, in addition, have sent persons needing a holiday to homes at Matlock and at Eastbourne.

The following table shows the number of applications and action taken :

1950

Number of applications	Sent to :				No action
	Roecliffe Manor	Hunstanton	Eastbourne	Matlock	
121	31	49	1	2	38 as follows : Refused to pay assessment 22 Not recommended by Health Department 2 Dealt with by Convalescent Homes Society 6 Other reasons : Private arrangements, etc. . . 8

It must be appreciated that each case is assessed on financial grounds after medical need has been established, and a charge made if appropriate.

VENEREAL DISEASE

Before the appointed day the Health Department was responsible for the Venereal Disease Service, both preventive (follow-up) and curative.

Now, however, the curative work is entirely the responsibility of the Hospital Management Committee, and as far as I am aware, there is no reference to the Health Department for the follow-up of cases or other preventive action.

I am indebted to the Assistant Secretary at the Royal Infirmary for the following table of cases treated, etc. :

IN	Syphilis		Gonorrhoea		Other		Totals		
	M	F	M	F	M	F	M	F	Total
Number of cases under treatment or observation, 1st January, 1950..	236	227	80	37	21	11	337	275	612
New patients during 1950, including inward transfers and returned cases	78	85	171	59	492	294	741	438	1,179
Total	314	312	251	96	513	305	1,078	713	1,791
OUT									
Number discharged cured or needing no treatment	44	47	104	50	499	296	647	393	1,040
Defaulted	42	74	81	17	—	—	123	91	214
Died	5	2	—	—	—	—	5	2	7
Transferred	10	13	21	1	—	—	31	14	45
Remaining at 31st December, 1950	213	176	45	28	14	9	272	213	485
Total	314	312	251	96	513	305	1,078	713	1,791

A careful study of the above table brings out several very interesting points :

Incidence of Venereal Disease

Syphilis

A total of 163 new cases of syphilis is reported. This compares with 233 new cases in 1947, the last full year in which the Health Authority was responsible for the Service.

But more important is the number of primary cases of syphilis included in the above totals. In 1950 the figure is five as compared with 67 in 1947 !

Gonorrhoea

230 new cases are reported, compared with 286 in 1947.

Thus, in both these diseases there is a substantial drop in 1950 as compared with 1947, itself a year very much better than 1946.

Non-V.D.

786 persons sought advice during the year for conditions which either proved not to require any treatment (570 cases) or were not venereal in character. This is a sign that anti-venereal disease propaganda has borne good fruit.

Defaulters

A total of 214 persons ceased to attend either before treatment was completed or before tests of cure had been pronounced satisfactory. This compares with 266 similar cases in 1947.

Number of Patients on Register

In every column the number of patients remaining under the clinic on the 31st December, 1950, was less than at the beginning of the year—a very hopeful sign for the future.

It may be interesting to record the number of cases on the register during the war years and in 1950 :

Year ..	1940	1941	1942	1943	1944	1945	1946	1947	1950
Number on	(end)								
register ..	894	1,091	1,247	1,857	1,833	1,865	2,451	1,499	485

Attendances

The total attendances during 1950 for all purposes were 9,877, compared with 17,614 in 1947.

It is obvious that there is a great improvement in the incidence of venereal disease.

HOUSING

Slum Clearance

The Chief Sanitary Inspector has referred in his Annual Report (see Appendix V, page 144) to the fact that the work of the department was substantially affected by the need to make a very comprehensive survey of all the houses in the city that might require demolition in the near and not-so-near future. This information was needed to provide evidence in support of a Borough Extension Bill. However, the proposed Bill was dropped in due course, but the Housing Survey information is still of great value. It will enable a planned policy to be adopted when slum clearance becomes again possible.

This survey was carried out during the winter and spring of 1949/50, and every house was inspected by the Chief Sanitary Inspector and by myself and then, if included in the scheme, in detail by the Sanitary Inspectors.

The houses were classified under four headings :

Class A : Requiring demolition immediately or in the period 0-5 years

Class B : Requiring demolition in the period 5-10 years

Class C : Requiring demolition in the period 10-15 years

Class D : Requiring demolition in the period 15-20 years

The statistics are as shown in the following table :

Name of Area	Total houses in area	Classification				Population of Area	
		A	B	C	D		
Aylestone	973	30	57	455	431	Adults	2,594
						Children	488
Bath Lane	236	167	24	41	4	Adults	570
						Children	159
Checketts Road	1,243	142	146	785	170	Adults	3,431
						Children	647
Conduit Street	3,796	130	418	1,542	1,706	Adults	10,112
						Children	2,093
Duke Street	128	98	24	6	—	Adults	276
						Children	55
Evington Village	15	4	11	—	—	Adults	28
						Children	2
Forest Road	753	—	122	543	88	Adults	2,238
						Children	471
Grange Lane	1,517	272	515	618	112	Adults	3,892
						Children	788
Gresham Street	1,586	24	17	1,371	174	Adults	4,039
						Children	767
Humberstone Village	12	3	5	4	—	Adults	35
						Children	5
Knighton	47	13	17	11	6	Adults	89
						Children	11
Lead Street	3,551	1,601	1,124	654	172	Adults	9,288
						Children	2,060
Pingle Street	196	150	28	18	—	Adults	502
						Children	127
St. George Street	714	419	205	90	—	Adults	1,927
						Children	418
Sanvey Gate and Arch-deacon Lane	421	105	94	188	34	Adults	1,180
						Children	259
Southgate Street	67	45	7	15	—	Adults	175
						Children	37
Spittlehouse Street	145	106	25	14	—	Adults	364
						Children	157
Stonebridge Street	806	28	39	348	391	Adults	2,091
						Children	456
Wellington Street	308	272	—	18	18	Adults	711
						Children	160
West End	1,357	213	145	553	446	Adults	3,501
						Children	663
Woodgate and Abbey Gate	558	85	143	199	131	Adults	1,561
						Children	298
Totals	18,429	3,907	3,166	7,473	3,883	Adults	48,604
						Children	10,121

Total number of classified houses in all areas .. 18,429

Total population in classified houses of all areas .. 58,725

New Housing

During the last few years the following houses have been built in Leicester :

	1950	1949	1948	1947
By Housing Committee ..	650	559	553	940
By private enterprise ..	224	190	207	318
 Totals ..	 874	 749	 760	 1,258
	—	—	—	—

The 650 houses built by the Corporation were in these Estates :

New Parks Estate ..	..	364
Evington House Estate ..	..	190
Steins Lane Estate ..	..	46
Thurnby Lodge Estate ..	..	50
	—	650
	—	—

It would appear that our overdraft on the Housing Bank is not being reduced, but is, in fact, increasing !

Housing Inspections

The following table indicates the work done under the Statutes :

HOUSING STATISTICS

For year ended 31st December, 1950

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	21,809
(b) Number of inspections made for the purpose	26,464
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	13,892
(b) Number of inspections made for the purpose	15,453
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	2
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	2,528

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,120
-------------------------------------------------------------------------------------------------------------------------	-------

3.—Action under Statutory Powers.

A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	9
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	4
(b) By Local Authority in default of owners	1

B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	10
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	8
(b) By Local Authority in default of owners	—

C—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	3
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	—

D—Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

Report on the Chest Clinic for 1950

by

JAMES CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

In submitting Dr. Cuthbert's report on the work of the Chest Clinic during 1950, there are several important matters to which I want to draw attention, although, of course, for full details reference must be made to the body of this report.

First of all, may I say what a pleasure it is to me to welcome Dr. Cuthbert himself. Dr. Cuthbert commenced his duties as Chest Physician in April, 1950, and the highest possible standard of co-operation was continued between the Chest Clinic and the Health Department.

The year saw a change, in that active domiciliary treatment became effective, and by this means a substantial reduction was enabled in the hospital waiting list.

B.C.G. Vaccination was introduced in a modified form in the latter part of the year. It is hoped that this is only the beginning of a very important work of preventive medicine which may well result in a considerable reduction in tuberculosis morbidity and mortality.

As regards new notified cases of the disease, reference to the table on Page 60 will show that a substantial increase in notifications is recorded. Dr. Cuthbert comments on the reasons for this increase, but it is important to consider this aspect of the problem in conjunction with the more important question of mortality. Here there is ground for satisfaction, as both the actual number of deaths and also the mortality rate are the lowest on record.

Report on the Chest Clinic for 1950

by

JAMES CUTHBERT, M.D., Ch.M., D.P.H., F.R.F.P.S.

Premises

Undressing cubicles have been constructed for male and female patients and increased office accommodation has been obtained by opening up the rooms, previously closed, on the top floor of the clinic premises.

X-Ray

Since 12th January, 1950, a new four-valve Philips X-ray Set with Rotating Anode Tube has been in use with facilities for tomography. There are a full-time radiographer, dark room technician and a lady clerk attached to this unit. Installation of this set has caused a great increase in the work and the number of x-rays taken steadily mount, due to requests of general practitioners for these x-rays.

Health Visitors

Since 11th November, 1950, four full-time Health Visitors have been seconded to the Chest Clinic ; prior to this, each of the Leicester Health Visitors took a hand in tuberculosis work along with her other activities. It is proposed to second full-time Health Visitors to the Clinic for one year and then change them over.

Domiciliary Active Treatment

All cases referred to the Chest Clinic are reviewed and the policy is to offer early treatment to those cases for whom it is indicated. Streptomycin and Para-amino Salicylate (P.A.S.) have been given to patients at home by the District Nurses. It is prescribed by the general practitioners on the advice of the Chest Clinic physicians. Sixty-four cases have been receiving streptomycin at home in this manner.

In addition, a scheme is used to give active treatment to early cases of pulmonary tuberculosis while they are resting at home. They are admitted to hospital for a short term only, for induction of their pneumoperitoneum or artificial pneumothorax and later for their adhesion section. Thereafter they rest at home and are taken up weekly by ambulance to the sanatorium for refills, until they are up-graded to four hours' activity, when they make their own way to the hospital. This is throwing a considerable strain on the ambulance services but it saves beds for deserving cases who require sanatorium segregation and it saves lives because it gives early treatment to those cases who would otherwise have to go on to a waiting list.

B.C.G. Vaccination

On 25th September, 1950, a full-time lady clerk was appointed by the local authority for work at the Chest Clinic, in connection with contact supervision and arrangements for B.C.G. inoculation. She has already proved her worth in this respect. We commenced giving B.C.G. inoculations on 21st October, 1950, and by the end of the year had given 191 inoculations.

New Cases notified during 1950

Six hundred and one new cases of Tuberculosis were notified in 1950, as compared with 461 in 1949—a total increase of 140. The pulmonary cases increased by 145 (555, as compared with 410), the non-pulmonary cases decreased by five (46, as compared with 51).

Two hundred and forty-eight pulmonary cases had sputum positive for tubercle bacilli.

Forty-seven children were notified as having primary tuberculosis. (Primaries are notified when they are sufficiently severe to warrant entry to hospital or bed rest at home.)

The following table gives the number of new cases since 1922 :

1922	..	Pulmonary,	566 ;	Non-pulmonary,	43 ;	Total,	609
1923	..	"	692 ;	"	71 ;	"	763
1924	..	"	725 ;	"	65 ;	"	790
1925	..	"	606 ;	"	77 ;	"	683
1926	..	"	650 ;	"	77 ;	"	727
1927	..	"	700 ;	"	80 ;	"	780
1928	..	"	668 ;	"	117 ;	"	785
1929	..	"	657 ;	"	77 ;	"	734
1930	..	"	582 ;	"	66 ;	"	648

1931	..	Pulmonary, 511 ;	Non-pulmonary, 61 ;	Total, 572
1932	..	,, 442 ;	,, 69 ;	,, 511
1933	..	,, 438 ;	,, 74 ;	,, 512
1934	..	,, 331 ;	,, 72 ;	,, 403
1935*	..	,, 460 ;	,, 100 ;	,, 560
1936	..	,, 355 ;	,, 79 ;	,, 434
1937	..	,, 345 ;	,, 88 ;	,, 433
1938	..	,, 310 ;	,, 84 ;	,, 394
1939	..	,, 299 ;	,, 84 ;	,, 383
1940	..	,, 343 ;	,, 101 ;	,, 444
1941	..	,, 390 ;	,, 75 ;	,, 465
1942	..	,, 365 ;	,, 85 ;	,, 450
1943	..	,, 359 ;	,, 93 ;	,, 452
1944	..	,, 392 ;	,, 52 ;	,, 444
1945	..	,, 355 ;	,, 60 ;	,, 415
1946	..	,, 440 ;	,, 55 ;	,, 495
1947	..	,, 458 ;	,, 68 ;	,, 526
1948	..	,, 403 ;	,, 78 ;	,, 481
1949	..	,, 410 ;	,, 51 ;	,, 461
1950	..	,, 555 ;	,, 46 ;	,, 601

*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The considerable increase in the number of new cases of pulmonary tuberculosis in 1950 is due to several causes. The new X-ray set at the Chest Clinic, Regent Road, was opened on the 12th January, 1950, and has been much used for the examination of cases sent up by private practitioners. This has meant a much better pick-up of doubtful cases. In addition, the Mass Radiography Unit has been very active throughout the year, better diagnosis has been obtained by the greater use of laryngeal swabs, which has enabled certain observation cases to be classified as definite, and also a very great effort has been made to examine more contacts. Actually, 43 cases were picked up under this last heading alone. It is confidently anticipated that the figures for 1951 will be shown to indicate that the larger incidence in 1950 is due to the greater pick-up of arrears rather than a true increase in incidence.

The following table gives the sex and age periods of those notified during 1950.

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	3	9	13	8	18	38	74	39	50	33	24	309
Females ..	—	11	16	11	43	55	54	31	15	7	3	246
Non-pulmonary												
Males ..	1	2	3	—	1	2	8	4	2	2	1	26
Females ..	—	3	2	1	5	2	4	1	1	—	1	20

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

Ages.	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1945		1946		1947		1948		1949		1950	
15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	
Males	11	28	21	44	29	37	22	24	18	23	18	38
Females	27	38	32	33	39	42	24	42	37	41	43	55
Total	38	66	53	77	68	79	46	66	55	64	61	93
Total bothsexes	104		130		147		112		119		154	

This table shows for the year 1950 there has been an increase of 35 young adults notified, as compared with 1949, and 42 more than in 1948.

DEATHS

Deaths due to Pulmonary Tuberculosis	..	..	134
Deaths due to non-Pulmonary Tuberculosis	..	..	7

The pulmonary deaths (134) are 19 less than in 1949. The non-pulmonary deaths (seven) are 14 less than in 1949.

Place of Death.

Leicester General Hospital	..	..	..	..	10
Groby Road Sanatorium	..	..	..	..	16
Other Institutions	..	..	..	..	17
In patients' own homes	..	..	..	..	98
					141

**Number of Deaths from Tuberculosis
in Leicester in past years.**

Year (1)	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths. (2)	Rate per 100,000 Population. (3)	Deaths. (4)	Rate per 100,000 Population. (5)	Deaths. (6)	Rate per 100,000 Population. (7)
1936	202	77	28	11	230	88
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49

The following Tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1950:—

Age and Sex Distribution of Deaths from Phthisis in 1950.

Age Period.	Males.	Females.	Total.
0—1	..	—	—
2—4	..	—	—
5—9	..	—	—
10—14	..	—	—
15—19	..	1	3
20—24	..	3	5
25—34	..	10	8
35—44	..	14	9
45—54	..	26	11
55—64	..	19	2
65 and upwards	..	20	3
All ages	..	93	41
			134

Occupations of Persons Dying from Phthisis in 1950.

Shoe Trade :	M.	F.		M.	F.
Clickers ..	6	—		Tailoring Trade ..	1
Finishers ..	5	—		Building Trade ..	3
Lasters ..	1	—		Engineering Trade ..	13
Machinists ..	2	1		Lorry Drivers ..	4
Pressmen ..	1	—		General Labourers ..	5
Cutters ..	1	—		Plumbers ..	2
Various ..	3	1		Various ..	25
	19	2		Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	
Clerks ..	4	1			
Printing Trade ..	3	—			
*Hosiery Trades ..	6	4		Grand Total ..	93 41

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

ANALYSIS OF DEATHS.

Stage when first examined	Died within one month of notification	PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.								
		Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over	
T.B. - ve cases ..	7	1	—	—	—	—	—	1	5	
T.B. + ve Stage I. ..	11	—	—	—	1	—	—	1	1	
T.B. + ve Stage II. ..	36	—	1	1	—	1	1	2	28	
T.B. + ve Stage III. ..	26	4	—	—	2	—	—	2	5	
Total	80	5	1	1	3	1	1	9	54	

Of the total 80 recorded in this table, 68 were treated at Groby Road Sanatorium, five were treated at the Leicester General Hospital, one treated at both the Leicester General Hospital and Groby Road Sanatorium and six in other institutions.

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. - ve cases.	3	—	1	—	—	—	—	1	1
T.B. + ve Stage I.	3	1	—	—	—	—	—	1	1
T.B. + ve Stage II.	13	1	2	—	4	1	—	1	2
T.B. + ve Stage III.	10	1	—	3	2	1	—	1	2
Total	29	3	3	3	6	2	—	2	5

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE CHEST CLINIC.

TOTAL	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
7	7	—	—	—	—	—	—	—	—

These tables account for 116 deaths. In addition, there were 16 deaths of patients who had never been notified as suffering from tuberculosis and two posthumous notifications. This gives a total of 134 pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14)
During the past six years.

	1945	1946	1947	1948	1949	1950
Ages.	-4	-9	-14	-4	-9	-14
Males ..	1	—	—	—	2	1
Females ..	—	—	—	1	1	1
Total ..	1	—	—	1	3	1
Total each year ..	1	—	—	3	4	1
						2
						—

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

Ages.	1945		1946		1947		1948		1949		1950	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	1	8	3	7	3	4	-	4	-	2	1	3
Females ..	6	13	2	10	6	15	8	7	5	10	3	5
Total ..	7	21	5	17	9	19	8	11	5	12	4	8
Total (each year) ..	28		22		28		19		17		12	

There has been a decrease of five in the deaths from Pulmonary Tuberculosis in young adults in 1950 as compared with 1949.

Non-Pulmonary Tuberculosis Deaths

Peritoneum	Kidney	Meninges	Total
1	1	5	7

Of the seven non-pulmonary deaths, one is known to have been in contact with one or more persons suffering from Pulmonary Tuberculosis.

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

	1945	1946	1947	1948	1949	1950
Males	3	7	1	3	7	-
Females	8	3	1	4	3	2
Total	11	10	2	7	10	2

Two deaths of children occurred from Meningitis, which is eight less than in 1949.

Recovered Cases

During the past year names of 211 patients were removed from the register as having "recovered." Of these, 166 were pulmonary and 45 non-pulmonary. Of the pulmonary cases, 39 had at one time been open positive sputum cases.

VISITS

Visits paid by the Chest Physicians for the purpose of examination	..	..	..	..	626
Ditto	Health Visitors	..	..	..	5,179
Ditto	District Nurses	..	..	..	6,832

Chest Clinic as the "Centre for Diagnosis"

Notes from 108 doctors requesting an opinion on 2,918 patients were dealt with during the past twelve months.

Clinical Examinations

	Men	Women	Children	Total
First Examinations	860	772	493	2,125
Re-examinations	2,478	2,203	1,004	5,685

Contact Examinations

	1947	1948	1949	1950
Number of contacts examined	..	669	721	498
Number found to have definite tuberculosis	..	15	21	17
				43

Radiological Examinations

	1948	1949	1950
Radiological examinations carried out at Groby Road Sanatorium and at Mass Radiography Unit	..	4,879	4,281
Radiological examinations carried out at the Chest Clinic since 12th January, 1950	..	—	—
			11,647

Attendances

Total number of attendances	15,678
-----------------------------	----	----	----	--------

ANALYSIS OF CASES ON CHEST CLINIC REGISTER.

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined during the year excluding contacts :										
(a) Definitely T.B.	191	169	46	15	5	8	206	174	54	434
(b) Diagnosis not completed ..	—	—	—	—	—	—	226	215	183	624
(c) Non-Tuberculous	—	—	—	—	—	—	428	383	256	1,067
B. Contacts examined during the year :										
(a) Definitely T.B.	13	14	16	—	—	—	13	14	16	43
(b) Diagnosis not completed ..	—	—	—	—	—	—	20	33	37	90
(c) Non-Tuberculosis	—	—	—	—	—	—	387	453	727	1,567
C. Cases written off Chest Clinic Register ..										
(a) Recovered ..	81	53	32	15	17	13	96	70	45	211
(b) Non-Tuberculosis	—	—	—	—	—	—	1,039	1,044	1,237	3,320
D. Number of cases on Clinic Register on 31st December, 1950 :										
(a) Definitely T.B.	963	846	145	104	91	44	1,067	937	189	2,193
(b) Diagnosis not completed ..	—	—	—	—	—	—	255	261	236	752

1. Number of cases on Clinic Register on 1st January, 1950	2,829	2. Number of cases transferred in from other areas ..	73
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" ..	130	4. Cases written off during the year as dead (all causes) ..	121
5. Number of attendances at the Chest Clinic ..	15,678	6. Number of visits by Health Visitors to homes for Clinic purposes	5,179
7. Number of visits by the Chest Physicians to homes of patients for the purpose of examination	626	8. Number of Radiological Examinations	11,854
9. Number of "recovered" cases restored to Register ..	—	10. Number of patients to whom beds and/or bedding have been loaned	18

MASS RADIOGRAPHY UNIT

Survey of Factories, Colleges, School-Leavers and General Public carried out in Leicester during 1950

Miniatures

			Male	Female	Total
April	..	..	1,647	557	2,204
June..	..	..	2,439	3,739	6,178
July ..	..	..	1,836	2,516	4,352
September	..	..	1,738	1,390	3,128
October	..	..	3,132	2,895	6,027
November	..	..	2,515	3,210	5,725
December	..	..	991	819	1,810
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
			14,298	15,126	29,424
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>

Recalled for Large Films

			Male	Female	Total
April	..	..	81	26	107
June..	..	..	94	123	217
July ..	..	..	57	64	121
September	..	..	94	36	130
October	..	..	163	147	310
November	..	..	142	151	293
December	..	..	124	148	272
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
			755	695	1,450
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>

Recalled for Medical Examination

			Male	Female	Total
April	..	..	22	11	33
June..	..	..	40	32	72
July	..	..	22	34	56
August	..	..	10	9	19
September	..	..	21	13	34
October	..	..	52	47	99
November	..	..	61	70	131
December	..	..	53	33	86
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>
			281	249	530
			<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>

Classification of Disease and Disposal

			Male Action	Female Action	Total
Abnormalities of bony thorax and lungs	..	..	4 2	N.A. C. Clin.	14 9
Chronic bronchitis and emphysema			51 9 1	N.A. Dr. Hosp.	9 6 1
Pneumonia (non-tuberculous)	..		1 2	Hosp. N.A. C. Clin.	2 2
Bronchiectasis	..	..	5 1 5 4	N.A. C. Clin. Hosp. Dr.	3 11 1 2
Pulmonary fibrosis	..	..	6 5 3	N.A. C. Clin. Dr.	2 2 18
Pneumokoniosis	..	..	2 4	Dr. C. Clin.	2
Basal fibrosis	..	..	40 3	N.A. Dr.	21 3
Pleural thickening	..	..	26 4	N.A. Dr.	9 3 1
Pleural and interlobar effusion (non-tuberculous)	..	..	1	Dr.	1
Spontaneous pneumothorax (non-tuberculous)	..	..	1 1	N.A. C. Clin.	2
Intrathoracic new growth	..		1 5 1 2	N.A. Hosp. Dr. C. Clin.	1 1 1 12
Cardiovascular lesions—congenital			1	N.A.	1
Cardiovascular lesions—acquired			13 7 3	N.A. Dr. Hosp.	14 18 3
Miscellaneous	..	..	9 4 1	N.A. Hosp. Dr.	6 2 3
Missing large film	..	..	12	N.A.	9
Tuberculosis—active primary lesions, including epi-tuberculosis	..	..			5
Tuberculosis—inactive primary lesions	..	..	18 1	N.A. C. Clin.	24 1
					3
					47

Classification of Disease and Disposal—*continued*

			Male	Action	Female	Action	Total
Tuberculosis—active post-primary, unilateral	..	..	2	N.A.	41	C. Clin.	
			27	C. Clin.			
			1	Dr.			
			1	Hosp.			72
Tuberculosis—active post-primary, bilateral	..	..	27	C. Clin.	15	C. Clin.	
			2	Dr.	1	Hosp.	45
Tuberculosis—inactive post- primary	..	..	78	N.A.	67	N.A.	
			46	C. Clin.	38	C. Clin.	
			2	Dr.	5	Dr.	236
Tuberculosis—pleural effusion	..		2	C. Clin.			2
Unclassified	..	..	43	N.A.	22	N.A.	
			2	C. Clin.	2	C. Clin.	
			1	Hosp.	1	Hosp.	
			4	Dr.	4	Dr.	79
							Total
T.B. Active	..	..	Male, 62 = .434%		Female, 62 = .409%		124 = .421%

APPENDIX II

Report on Maternity and Child Welfare

for the year 1950

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B. (Edin.)
Maternity and Child Welfare Medical Officer

STATISTICS

Birth-Rate

There were 2,427 male births and 2,282 female births, a total of 4,709, giving a birth-rate of 16.4 per 1,000 population.

Of the total births (4,709), 281 were illegitimate (153 males and 128 females), giving an *illegitimate birth-rate* of 0.98.

Stillbirths

There were 105 stillbirths, 50 males and 55 females.

Details of all stillbirths are separately recorded and it is hoped that eventually the causation of stillbirths will be less obscure. From amongst the mothers in the city who had a stillborn child in 1950, it is known that the Rhesus factor alone was the causal factor in 14 stillbirths.

Infant Mortality Rate

Number of deaths in infants under one year	139
Corrected number of births	4,709
Infant death-rate	29.5

The rates for England and Wales and the Great Towns were 29.8 and 33.8 respectively.

From an analysis of the deaths, according to our local records and not for comparison with Registrar-General's figures, the following observations were made :

- (1) Congenital malformations account for 12 deaths. The two-way enquiry concerning such malformations and virus infections continues, but no final conclusions have yet been drawn by the Ministry of Health.

(2) Prematurity accounted for 44 of the 139 deaths, that is, 31.6 per cent, and all, except five, of these deaths occurred within the first week of life. Details of the premature infants will be found on page 77 of this report.

(3) The small number of deaths (6) from diarrhoea continues to be a satisfactory feature of the infant mortality figures.

(4) Pneumonia accounted for 14 of the deaths and these were chiefly in the second half of the first year of life.

(5) Violent causes accounted for five deaths. This figure includes two infants accidentally suffocated while in bed with their parents, one accidentally suffocated in her cot, one asphyxia due to inhalation of regurgitated milk food and one asphyxia due to inattention at birth.

Prevention of death by accident, whether asphyxia or otherwise, is constantly in the mind of the Department and there is a close liaison with the Accident Prevention Committee.

Maternal Mortality*

Number of deaths during the year	..	..	6
From Puerperal Sepsis	..	..	4
From other accidents and diseases of pregnancy and parturition	..	2	
	—	—	
Total	..	..	6
	—	—	
		1950	1949
Rate per 1,000 live and stillbirths	..	1.24	1.54
Puerperal Sepsis Rate	..	0.83	0.58
Figures for England and Wales :			
Maternal Mortality Rate	..	0.86	0.95
Puerperal Sepsis Rate	..	0.12	0.22

Concerning these deaths, the causes were :

- (1) Embolism—within three weeks after confinement .. 3
- (2) Criminal abortion 1
- (3) Toxaemia of pregnancy 1
- (4) Obstetric shock 1

*Local figures

TABLE 8. City of Leicester
INFANT MORTALITY DURING THE YEAR 1950

Net Deaths from stated Causes at various Ages under 1 year of Age.
 (LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	3 to 6 Mths.	6 to 9 Mths.	9 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	75	9	3	1	88	22	19	5	5	139
Congenital Malformations ..	6	4	—	—	10	1	1	—	—	12
Birth Injuries ..	13	—	1	—	13	—	—	—	—	13
Atelectasis ..	6	1	1	—	7	—	—	—	—	7
Atrophy, Debility and Marasmus ..	—	—	—	—	—	—	—	—	—	—
Premature Births ..	39	3	2	—	44	—	—	—	—	44
Diarrhoea, etc. ..	—	—	—	—	—	3	3	—	—	6
Convulsions ..	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Icterus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Haemolytic Disease of the Newborn ..	—	3	—	—	3	—	—	—	—	3
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Tetanus ..	—	—	—	—	—	—	—	—	—	—
Rickets ..	—	—	—	—	—	—	—	—	—	—
Haemorrhagic Disease of the Newborn ..	—	1	—	—	1	—	—	—	—	1
Pink Disease ..	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ..	—	—	—	—	—	—	—	—	—	—
Meningitis. (Not Tuberculous) ..	—	—	—	—	—	1	—	—	—	2
Encephalitis ..	—	—	—	—	—	—	—	—	—	—
Bronchitis ..	—	—	1	1	2	1	1	—	—	4
Pneumonia (all forms) ..	—	—	—	—	—	5	5	2	2	14
Syphilis ..	—	—	—	—	—	—	—	—	—	—
Intussusception ..	—	—	—	—	—	—	—	—	—	1
Heart Disease ..	3	—	—	—	3	2	1	1	—	7
Whooping Cough ..	—	—	—	—	—	1	2	—	—	3
Measles ..	—	—	—	—	—	—	1	—	—	1
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Ant. Poliomyelitis ..	—	—	—	—	—	1	—	—	—	1
Erysipelas ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Violent Causes ..	1	—	—	—	1	3	1	—	—	5
Other Causes ..	3	1	—	4	4	4	1	2	—	15

Net Births in the Year { legitimate, 4,428
 illegitimate, 281

Net Deaths in the Year of { legitimate infants, 132
 illegitimate infants, 7

NATIONAL HEALTH SERVICE ACT, SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,941	(5,196)
,, ,, revisits to children under one year old ..	12,653	(13,447)
,, ,, visits to children one to five years old ..	19,038	(20,775)
,, ,, visits to cases of Ophthalmia Neonatorum ..	13	(18)
,, ,, first visits to ante-natal cases ..	313	(438)
,, ,, other visits to ante-natal cases ..	119	(137)
,, ,, visits to children under Infant Life Protection Act ..	253	(407)
,, ,, visits to tuberculous patients ..	3,662	(1,427)
,, ,, visits concerning adoption ..	153	(282)
,, ,, other visits (no access) ..	6,124	(6,914)
,, ,, other visits (not classified) ..	2,032	(1,572)
,, ,, visits concerning infant deaths and stillbirths ..	72	(120)
,, ,, visits concerning applications for maternity bed accommodation ..	509	(432)
,, ,, visits concerning applications for convalescent home accommodation ..	112	—
Totals	49,994	(51,165)

It has become increasingly evident that with the existing staff and the additional duties to be performed by Health Visitors, the whole question of the relative importance of the various members of the family to be visited calls for review. It is no longer possible, neither is it desirable that the Health Visitor should concentrate on the child in its first year of life to the exclusion of the older child or at the expense of the adult members of the family who come under her supervision. While every effort is being made to ensure that the child has a good start in life, it is now left to the Health Visitor herself to decide the frequency of her visits to all members of the families in her area. Health Visitors, themselves, are fully aware of this change of policy and have already proved that it can be left to their judgment as well as to their enthusiasm to ensure that a proper balance of work is maintained.

It is obvious that when there are staff shortages and changes it is the district work which falls into arrears. During the time which must inevitably elapse before the Health Visitor adjusts herself to her new duties, there is no real value in comparing figures for work in previous years.

At the end of the year under review, it was decided to second three Health Visitors to do whole-time Tuberculosis Health Visiting for an experimental period.

Attendance of Health Visitors at Clinic sessions :

Infant Welfare Centres	..	..	..	..	2,552
Ante-natal Clinics	..	..	..	..	897
Birth Control Clinic	..	..	..	..	187
School Clinics (including Minor Ailments and Scabies)					1,909
Diphtheria Immunisation and Vaccination Clinics	..				40
Chest Clinic	..	..	..	..	300
Occupation Centre	..	..	..	..	21

Ante-natal Clinics

The number of ante-natal attendances during the year 1950 was as follows :

(Corresponding figures, where available, for the previous year are in brackets)

Clinic	No. of Sessions	ATTENDANCES					Avg. per Session
		First Visits	Re-Visits	Total			
Cort Crescent	48 (48)	177 (83)	846 (449)	1023	(532)	21	
	10 (52)	19 (110)	123 (628)	142	(738)	14	
13 Crescent Street	48 (48)	135 (125)	551 (509)	686	(634)	14	
	12 (51)	18 (95)	61 (461)	79	(556)	7	
Causeway Lane	52 (52)	172 (190)	960 (1204)	1132	(1394)	22	
	51 (51)	168 (162)	864 (753)	1032	(915)	20	
Belgrave Hall	48 (48)	94 (100)	492 (555)	586	(655)	12	
	52 (52)	140 (130)	734 (713)	874	(843)	17	
Newby Street	51 (52)	119 (119)	539 (544)	658	(663)	13	
	51 (52)	145 (170)	779 (889)	924	(1059)	18	
St. Christopher's	51 (51)	97 (99)	614 (680)	711	(779)	14	
	51 (51)	135 (119)	661 (801)	796	(920)	16	
Braunstone Avenue	48 (48)	143 (148)	595 (579)	738	(727)	15	
*Kelland College	22 (48)	97 (225)	534 (994)	631	(1219)	29	
§Aikman Avenue	26 (—)	98 (—)	552 (—)	650	(—)	25	
Totals ..	621 (704)	1757 (1875)	8905 (9759)	10662	(11634)	17	

*Closed 13/6/50. †Closed 8/3/50. ‡Closed 24/3/50. §Opened 20/6/50

The gradual decrease in the number of new patients attending the district clinics noticed after the introduction of the National Health Service Act, continued to a less marked degree and the decision made in the previous year to close two district clinics was carried out. The

second session at Cort Crescent was discontinued on the 8th March and that at Crescent Street on the 24th March.

It was possible during the year to offer clinic facilities to the women living on the New Parks Estate who had suffered considerable inconvenience for many months. The ante-natal clinic was opened at the Community Centre in Aikman Avenue on the Estate on the 20th June.

Premature Infants

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In accordance with the above Circular, detailed information is now obtained concerning any infant whose birth weight was $5\frac{1}{2}$ lbs. or less.

From the records kept, it is shown that there were 433 such infants born in 1950. This figure includes 122 who were born at home and 22 in private nursing homes. The remaining 289 were born in hospital.

A detailed follow-up of the premature infants born at home or in a private nursing home is undertaken and the following is a tabulated statement of the condition of such infants up to the 28th day after birth.

	Born at Home						Born in Private Nursing Home					
	Transferred to Hospital	Nursed entirely at home					Transferred to Hospital	Nursed entirely in Private Nursing Home				
		Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total		Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total
Under 3 lbs.	3	3	1	1	—	3	6	—	3	—	—	3
to 4 lbs...	9	2	1	1	4	6	15	—	1	1	—	—
to $5\frac{1}{2}$ lbs.	14	1	3	1	83	87	101	—	1	1	1	18
Total ..	26	6	3	1	87	96	122	—	3	—	1	18
												22
												22

There is a special unit for premature infants at the General Hospital, and the Health Department has provided a special ambulance cot, electrically heated, which ensures that these infants transferred from home to hospital are conveyed under ideal conditions.

Experience of the working of this premature unit has shown that it is not always possible for an infant, recommended for admission, to be

offered a vacancy and midwives have come to rely upon their own resources and care for the infants in their own homes. From the table, it will be seen that of the 122 children born in their own homes, only 26 were transferred to Hospital and that from the 96 remaining at home, 87 of them survived to the 28th day.

It is a tribute to the skilled and unremitting care on the part of the midwives that only nine of these infants did not survive to the end of the first week of life.

Midwives work in teams, and partners arrange with each other that one of them should give the frequent attention required for such infants in their own homes. It is hoped to arrange for midwives in turn to spend a short period at a Refresher Course at the Premature Baby Unit as and when this can be arranged.

Ophthalmia Neonatorum

The following details show the incidence and results of treatment of this disease of the new-born during 1950 :

OPHTHALMIA NEONATORUM, 1950

Cases notified during year	2
Visited by Health Visitors	2
Removed to hospital	—
Treated in hospital	—

Result of Treatment :

Vision unimpaired	2
„ impaired	—
„ lost	—
Still under treatment at end of year	—
Patients died	—
Removed from district	—
 Total	2
 —	—

Birth Control Clinic

The following figures refer to the year 1950 :

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	251	116	367
Number of patients who were accepted for advice	247	113	360
Number of patients who were refused advice	4	3	7

Concerning the 360 women accepted for advice, the following are the medical reasons for which the advice was given :

			<i>City</i>	<i>County</i>	<i>Total</i>
Husband :					
Active Tuberculosis	..	..	5	1	6
Other diseases	..	..	6	1	7
Children :					
Congenital defect	..	..	1	1	2
Patient :					
Nervous debility	..	..	25	10	35
General debility	..	..	134	62	196
Pulmonary Tuberculosis	..	..	17	3	20
Heart disease	..	..	4	4	8
Kidney trouble	..	..	—	—	—
Toxaemia of pregnancy	..	..	9	8	17
Obstetric complications	..	..	22	14	36
Gynaecological conditions	..	..	3	—	3
Various other conditions	..	..	21	9	30

Cases in which advice was refused

Advice was refused to seven women (four City and three County). In three of the city women there were no medical grounds, and the fourth was found to be pregnant. Similarly, in two of the county women, there were no medical grounds, and one was found to be pregnant. This very small number of refusals from a turnover of 367 persons is due largely to the fact that in county patients especially there is a preliminary investigation as to the patient's suitability for advice before she pays her first visit to the clinic.

The attendances at the Clinic, particularly of old patients, had increased sufficiently to make it necessary to open a new weekly session on a Housing Estate and this was done on the 15th March.

Schools for Mothers and Child Welfare Centres

In spite of changes in medical staffing, attendances by doctors at the Centres has been well maintained by the use of part-time medical practitioners, who will always be necessary on a sessional basis if the service is to be maintained during emergency leave and annual leave periods.

By this method, out of 1,323 sessions held, there were only 34 at which a doctor was not present.

A new Centre was opened at Aikman Avenue Community Centre on the New Parks Estate and it was also more convenient to use this Centre for mothers at the south end of the Estate who previously had attended a Centre some distance away from the Estate itself. Accordingly, one

session was closed at Kelland College and two weekly sessions established at Aikman Avenue on the 13th and 20th June.

(Corresponding figures for the previous year in brackets)

Number of Infant Welfare Centres	25	(24)
Number of Medical Weekly Sessions	27	(26)
Number of Sessions held ..	1,323	(1,297)
Total attendances of Mothers	63,791	(67,411)
Total attendances of Children:		
Under one year old ..	49,183	(52,539)
Over one year old ..	22,120	(20,912)
First visits of Children :		
Under one year old ..	3,759	(4,216)
Over one year old ..	588	(780)
Number of children attending who at the end of the year were :		
Under one year old ..	3,448	(3,581)
Over one year old ..	4,841	(6,669)
Number of sessions at which a doctor was present ..	1,289	(1,264)
Number of children seen by a doctor	25,975	(27,247)

The average number of children seen by a doctor at each session is 20.1.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions. (Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was six, and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

In the small number of children requiring cleansing, members of the staff assist the mother.

Treatment at Clinics

Despite the fact that certain treatment centres have passed, for administration purposes, to the Regional Hospital Board, there has been

so little disturbance of personnel that mothers and children are scarcely aware of any alteration.

Artificial Sunlight

The number of children referred to the clinic was 204, as against 186 for the previous year.

The number of children who completed treatment was as follows :

Infants :		Good Results		Fair or Unchanged		Total
		Boys	Girls	Boys	Girls	
Rickets	..	10	3	1	—	14
Poor general condition	..	12	14	1	4	31
Anorexia	..	10	20	1	1	32
Respiratory Catarrh	..	10	6	—	2	18
Anaemia	..	—	2	—	—	2
Asthma	..	1	—	—	—	1
Various	..	1	—	1	1	3
		—	—	—	—	—
Totals	..	44	45	4	8	101
		—	—	—	—	—

Orthopaedic Clinic. No change.

Other Clinics

There were 220 children under five years of age admitted to the Ear, Nose and Throat Clinic, 158 to the Eye Clinic, and 458 to the Skin and Minor Ailments Clinic.

Day Nurseries

The administrative staff remains as previously reported.

(1) The Nursery previously established in an adapted house at 352 Humberstone Road was transferred to nearby hatted premises specially erected for the purpose. This new Nursery at Frank Street was opened on the 17th April and accommodates 50 children as against 35 in the Nursery it replaced. The former Nursery is used as a Staff Hostel.

(2) Training of Nursery Nurses. Extended facilities are now available in training for the Certificate of the National Nursery Nurses' Examination Board and it is gratifying that there is a waiting list of suitable young persons who wish to take this very useful training in mothercraft. The actual number of students in training in any year is 80.

(3) Attendances at each Day Nursery are detailed below :

<i>Day Nursery</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's	12,074	48.5
Glen Street	11,530	46.3
Humberstone Road (closed 17th April, 1950)	1,943	29.9
Fosse Road	6,693	26.9
Fairway	8,736	35.1
New Walk	7,773	31.2
College Street	7,328	30.2
Bradgate Street	9,073	36.4
Belgrave House	14,583	58.6
Bedford Street	9,737	39.3
Sparkenhoe Street	11,635	46.7
Braunstone Park	13,347	55.8
Frank Street (opened 17th April, 1950)	5,782	31.4
Number of children on the register	626	
Number of approved places	605	
Average attendance in 1950	429	
Highest attendance	551	
Lowest attendance	223	

From these figures it can be calculated that the average attendance was only 66 per cent and that the maximum attendance was 90 per cent. This is despite the fact that the number of children on the register is reckoned to be 10 per cent. higher than the number of approved places.

The reason for the low attendances was an epidemic of dysentery which occurred throughout the city and seriously affected the staff and the children in the day nurseries. This was particularly so at Braunstone Park Nursery which had to be closed for a short period. After re-opening, the attendances were still very low right up to the end of the year.

Waiting lists in all Day Nurseries have been thoroughly overhauled during the year and health visitors have rendered valuable assistance by investigating and submitting sociological reports on all applications. This should ensure correct allocation of vacancies and a real live waiting list.

Nurseries and Child Minders Regulation Act, 1948

The four industrial nurseries registered in 1948 continue to function and are supervised regularly from this Department. There were no additional registrations.

Concerning daily minders, the actual number of persons applying for registration was six.

Child Life Protection

This work was finally passed over to the Children's Department in September.

The Care of Illegitimate Children

Circular 2866 of the Ministry of Health, dated October, 1943

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1950 is as follows :

Number of illegitimate births notified to the Moral Welfare Association	295
Number of children born elsewhere and brought as infants to the City	5
Number of mothers sent to Homes or Hostels before confinement	14
Number of expected births notified but mother married before child was born	2
Number of expected births referred, but mother left the City before the child was born	8
Number of illegitimate births known otherwise	5
	329
1. At present living in their own homes with their children	46
2. Living in lodgings with their children	14
Mothers in these two categories have been helped in various ways, including :	
Legal help and advice given	24
(Six putative fathers interviewed and agreements made)	
Advised re confinement arrangements	10
Advised re adoption	19
Helped re accommodation	3
Helped re clothing and baby equipment	4

3. Sent to Maternity Homes and Hostels	..	..	18
(14 before confinement, four afterwards)			

Payments for maintenance in the above were arranged as follows :

Met by applicants, parents and insurances	..	..	1
Met by insurance alone	..	..	6
Met by City Health Department and insurances	..	..	6
Met by City Health Department, insurances and putative fathers	..	..	3
Met by City Health Department, parents and insurances	..	..	1
Met by City Health Department entirely	..	..	1

Of the above girls, the following details are recorded :

Children subsequently adopted	..	..	5
Mother married father of the child	..	..	2
Mother married	..	..	1
Mothers still in maternity home with child	..	..	2
Mother and child in hostel	..	..	1
Child in residential nursery temporarily	..	..	1
Mother in residential employment with child	..	..	1
Mother in parents' home with child	..	..	4
Mother living in lodgings with child	..	..	1

4. Foster Homes. Children in Foster Homes	..	..	3
(Five others received temporary accommodation)			

5. Adoption. Arranged through the Leicester and Leicestershire Adoption Society	..	..	..	10
Privately arranged	..	..	..	2

(Nine others known to have been placed)

6. Employment found for expectant mothers	..	..	3
(One residential post found for mother with child—under Section 3)			

7. Lodgings found for expectant mothers	..	..	2
(One other helped in this way under Section 1)			

8. Children's Homes. Admitted	1
--------------------------------------	----	----	---

9. Married. Mother married putative father and left district	..	..	2
(12 others known to have married)			

10. Left the district before child's birth	8
---------------------------------------------------	----	----	---

The following details are recorded :

Transferred to County Moral Welfare Worker	..	3
Deported to Germany	..	1
Returned to family or friends and referred to local welfare officers	..	4

11. Stillborn ..	..	..	..	..	1
(Eight other children known to have died)					

12. Health Visitor reported "No help required at present"	..	181
------------------------------------------------------------------	----	-----

13. Children born in city, but with county home address	..	38
---------------------------------------------------------	----	----

—

—

329

In 91 cases the parents are cohabiting, 12 are known to be attending Day Nurseries, whilst four received temporary accommodation in Residential Nurseries.

The Moral Welfare Association also dealt with 144 other cases, 28 of these were expectant mothers. Grants from voluntary societies have been administered on behalf of 18 children.

Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1950 are as follow :

Number of applications from persons wishing to adopt a child	45
Number of children offered to the Society with a view to adoption	68
Number of children taken into Hostels under the direct control of the Society pending adoption	Nil
Number of children placed by the Society pending adoption in Foster Homes or Hostels not under the direct control of the Society	10
Number of children placed with a view to adoption	55
Number of adoption orders made in respect of children placed by the Society	44
Number of children placed for adoption by the Society and awaiting adoption orders at the end of the year	25
Number of children in Hostels under the direct control of the Society at the end of the year	Nil
Number of Children at the end of the year in Foster Homes or in Hostels in which they had been placed by the Society but which are not under the Society's direct control	Nil

NATIONAL HEALTH SERVICE ACT, SECTION 23

MIDWIFERY

Midwives

During the year 1950, 126 midwives notified their intention to practise. Of these, 28 were municipal midwives, 28 were midwives in independent practice and the remaining 70 were practising in maternity hospitals or maternity homes.

THE MUNICIPAL MIDWIFERY SCHEME

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	No. of Midwives	Cases Attended	Gas and Air Administered	VISITS		
				Post-Natal	Ante-Natal	Total
1	4	266	214	4,095	1,161	5,256
2	4	333	294	5,678	1,952	7,630
3	5	390	320	7,223	2,304	9,527
4	4	229	182	4,276	1,728	6,004
5	4	253	202	4,356	1,209	5,565
6	3	227	178	3,959	775	4,734
7	2	190	152	3,281	533	3,814
8	1	35	29	701	299	1,000
Grand Total 27		1,923	1,571	33,569	9,961	43,530

The number of patients attended by municipal midwives in 1950 was 1,923, that is 137 less than in the previous year. This gives a case load per midwife of 71, which figure is satisfactory having in mind the recommendation that midwives without pupils should have a case load of 66 and those with pupils a case load of 80 per annum.

It is gratifying to record that the percentage of patients receiving analgesia increased from the previously satisfactory figure of 76 to 81 per cent.

The staff situation remains satisfactory. The establishment of midwives was increased to 27 during the year and has been maintained. It was necessary to employ part-time midwives only during short periods.

The disproportion of the number of patients as between midwives working as partners is sometimes accounted for by sick leave and a few midwives still fail to co-operate closely enough with their partners to ensure that their bookings are more equivalent.

National Health Service and Midwifery

The system of interchange of information between midwives and doctors concerning their booked cases arranged with the Local General Practitioner-Obstetrician Service has proved to be very satisfactory, and has made co-operation easier. But many patients still do not book their midwives until late in pregnancy which makes the estimation and allocation of work difficult. The Service is working to the mutual satisfaction of the midwife and the doctor and the benefit of the patient.

NATIONAL HEALTH SERVICE ACT, SECTION 24

HEALTH VISITING

Health Visiting and the School Health Service

The co-ordination of these two services, agreed upon in 1947, continues as each new appointment to the Service is made. Complete co-ordination will not be possible while there are members of the staff who are not able to undertake the combined duties.

Training School for Health Visitors

This School was opened in July, 1948, and by the end of 1950, 59 persons had successfully passed their examination.

Of these, 22 were bursary students and they have joined the staff for a minimum period of 18 months. It is unreasonable to assume that all bursary students will remain as members of the permanent staff and it is natural that they will seek variety and experience by moving to other local authorities when free to do so.

NATIONAL HEALTH SERVICE ACT, SECTION 26

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

Facilities for immunisation against diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

During the year Leicester has taken part in a special investigation at the request of the Public Health Laboratory Service and the Medical Research Council in the use of a new antigen.

Birthday cards are still used for propaganda purposes.

The following are the figures of the number of children immunised up to the 31st December, 1950 :

Under 1 year of age	..	..	..	289
1 year of age	..	..	..	1,927
2 years of age	..	..	..	3,037
3 years of age	..	..	..	3,636
4 years of age	..	..	..	3,301

Although it is not possible to compare the number of children in any one year with the number of births in that year (as they would not be the same children) it is not possible for this year to compare the immunisation figures with those for 1949 because for a period of several months the interval between first and second injections was extended from one to six months so that the date of complete immunisation was delayed, but it is recognised that 1950 was not a good year as far as immunisation is concerned. The association of infantile paralysis with injections made propaganda difficult, with the consequent falling off in the number of injections given.

Vaccination

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely, 97 children and 23 adults vaccinated and four children and 12 adults revaccinated.

NATIONAL HEALTH SERVICE ACT, SECTION 28

CARE AND AFTER-CARE

The agreed policy of the Local Health Authority to regard the Health Visitor as the social worker of the Health Department has been more fully implemented during this year. This policy is the only one that the newly-qualified Health Visitors have known and to them it presents no conflicting loyalties. But to the Health Visitor hitherto concerned almost entirely with the pre-school child, it has meant a considerable adjustment of her outlook. The success achieved up to the present time is in no small measure due to the loyal support of those Health Visitors who have now come to realise that widening the scope of their visiting has brought added interest to their own work and a more comprehensive and unified service to all the members of the family who come under their supervision.

NATIONAL HEALTH SERVICE ACT, SECTION 29

DOMESTIC HELP

Home Help Service

Staff

1. Administrative

Mrs. B. K. Rue commenced duties as Assistant Home Help Organiser on 20th February, 1950.

2. Clerical

Mrs. B. H. Hope and Miss M. R. Clarke transferred to the Home Help Department on 6th March, 1950.

Miss A. D. Tippetts resigned for domestic reasons and left the department on the 30th April, 1950. Miss J. Patrick joined the staff in her place and commenced duties on 15th May, 1950.

Miss Pauline Jinks left to continue her studies on 31st May, 1950. She was replaced by Miss G. M. Baker on 5th June, 1950.

3. Home Helps

Nine Preparation Courses for Home Helps were arranged during the year by the Principal of the Central Institute for Women. One hundred and thirteen candidates were accepted for enrolment.

A group of Home Helps took a Homemakers' Electrical Course organised by the Electrical Association for Women. Twelve were successful in passing the examination (six with special credit) and received diplomas and badges from the hands of the President of the Association, then the Lady Mayoress.

Home Helps Employed during 1950

	On Register 1st Jan., 1950	Resignations during year	Additions during year	On Register 31st Dec., 1950
Full-time ..	91	41	113	163
Part-time ..	15	5	—	10
Totals ..	106	46	113	173

4. Homes Helped during 1950

(i) Maternity ..	..	..	..	..	819
(ii) Child Welfare ..	..	..	..	..	287
(iii) Tuberculosis ..	..	..	..	..	91
(iv) Others (including the aged and chronic sick)				..	785
					—
					1,982
					—

The duration of help received varied from one day (in a few households in group (ii)) to twelve months (in groups (iii) and (iv)). Aged and chronic sick received part-time help varying from two hours to two or three days a week.

5. Premises

The first Branch Office was opened in the Community Centre, Southfields Drive, on 16th October, 1950. Fifty Home Helps report for duty to this office, which serves households in the Saffron Lane-Welford Road area.

The above account of the Service cannot adequately convey the amount of help and comfort as well as peace of mind which the Home Helps have brought to the households they have entered. The team spirit and loyal devotion to the Service—in season and out—has earned for the Home Helps a very high place in the public esteem.

The administration of the Home Help Service during 1950 was particularly difficult as demand was so much greater than supply. The number of homes helped, 1,982, was an increase of 743 on the previous year. The increase was shared by all the types of homes set out in paragraph (iv), but was specially apparent amongst the aged and chronic sick. This has meant that many of them have been able to enjoy their old age in the familiar surroundings of their own homes ; in addition, it has released hospital beds for more acutely ill persons. The problem families helped are also included in the miscellaneous group of homes helped. They require a very special kind of help and already the health visitors, who themselves have been very concerned about their problem families, are realising that the Home Help Service can often make a practical contribution towards helping these families.

GENERAL

Puerperal Pyrexia

During the year there were 48 cases of Puerperal Pyrexia notified and particulars are given below as to the place of confinement and of treatment, with the result of treatment.

Amongst the 48 patients there were eight cases of abortion.

The policy of removing all patients in whom potential sepsis cannot be excluded to the Puerperal Fever Unit of the City Isolation Hospital continues, and the results obtained justify the procedure.

Number of cases of Puerperal Pyrexia notified during 1950	48
-----------------------------------------------------------	----

Number of patients confined :

(a) At home	20
(b) In Hospital or Nursing Home	28

Number of patients treated :

(a) At home	2
(b) In Nursing Home or Hospital	17
(c) Transferred to Isolation Hospital	29

Registered Nursing Homes

Concerning the ascertainment of such homes which have not been registered, this is a matter which is constantly kept in mind by the health visitors and midwives ; there is the closest co-operation with the Welfare Department in the matter of premises which should be considered for registration either as nursing homes or old people's homes.

STAFF

Medical Staff

Dr. Alison Brummitt, who had been a part-time medical officer, commenced full-time duties on 27th March, 1950, and replaced Dr. Margaret Slater.

Dr. Janet Done, who was amongst the first three doctors to be appointed as Assistant Medical Officers to the whole-time staff in 1937, and who later became Senior Assistant Medical Officer, left us in November, 1950, to take up a senior position in the Coventry Health Department. There was universal regret on Dr. Done's departure, but she carried with her the sincere good wishes of all sections of this Department for success in her new sphere of activity.

TABLE 9
LIST OF
REGISTERED NURSING HOMES
(INCLUDING MATERNITY HOMES)

	ADDRESS			NO. OF BEDS	
9 Mere Road	1
Stoneygate Nursing Home, Stoneygate Road				..	10
39 Scrafford Lane	8
“Broadview,” Goodwood Road	5
“Clifton Nursing Home,” 58 Fosse Road Central			6
Central Nursing Home, 6 University Road				..	15
The Laurels, 185 Uppingham Road			8
Sundial Nursing Home, Aylestone Road	20
85 Narborough Road	10
St. Francis Private Hospital, 362 London Road				..	31
The Woodlands Nursing Home, Holmwood Drive, Groby Road	6
Springfield Road Rest Home, 35 Springfield Road	8
The Lawn Nursing Home, London Road	22
“Meadowbank” Nursing Home, 13 Park Hill Drive					4
<i>New Registration :</i>					
Dane Hills Convent	56

Health Visitors

During the year, Miss E. Wilford and later Miss D. L. Mallison and then Miss J. G. Masters, retired on superannuation. They had been amongst the pioneer health visitors in this department and I would like to place on record our appreciation of their valuable contribution to the welfare of so many mothers and children in this city over a very long period.

Mrs. J. Justin (*nee* Harrison) resigned for personal reasons during the year and Miss A. H. Lancaster and Miss D. F. M. Mackenzie left to gain experience in a county area, and Miss J. F. Pott left to take up duties nearer her home.

Miss D. G. M. Robinson, who had already been seconded to the Control Commission in Germany, secured an appointment as Health Visitor in the Universities' Hospitals Administration, Ministry of Health, Cairo, and is now doing pioneer work in the matter of a training school for health visitors in Egypt.

The following persons received bursaries from this Department during their training, were successful in obtaining the Health Visitor's Certificate, and joined the staff in November, 1950 :

Miss K. M. Faux
Miss M. D. Godwin
Miss M. Johnstone
Miss G. S. Power and
Miss M. E. Wells.

Miss Fullylove joined the staff on 19th June, 1950.

Midwives

Mrs. E. Irvine commenced duties as an additional midwife on the New Parks Estate on the 22nd June, 1950. Miss G. M. Wilson commenced duties on the 1st February, 1950, replacing Mrs. M. L. Reston, deceased.

Miss G. M. Bentley resigned in December, 1950, to take up training as a Health Visitor.

Milk Depot

Mrs. Millicent Brewin, who had been on the staff of the Milk Depot for 30 years, retired on superannuation in July, and carried with her the good wishes of the staff for a long and happy retirement.

Clerical Staff

The establishment was increased by the appointment of two additional clerks to the Home Help Service. During the year, Miss P. M. Jinks, Miss A. D. Tippetts, Miss M. Willans and Miss D. C. Snell left the Department.

The new clerical appointments were:

Mrs. M. Bailey
Miss G. M. Baker
Miss A. P. Lester
Miss J. E. Patrick
Mrs. M. Poyser and
Miss D. F. Wilkinson

E. B. BERENICE HUMPHREYS

July, 1951

Report on the Maternity and Child Welfare Dental Service

for 1950

By

A. J. SUTHERLAND, L.D.S.

Senior Dental Officer

It will be remembered that the Health Committee towards the end of 1949 had approved of certain arrangements being made which could be accepted as fairly ample provision to cope with the dental treatment of the priority groups, the pre-school child and expectant and nursing mothers. The Education Committee had concurred with these arrangements as far as their own staff and accommodation were concerned. Three of our school dental officers operated up to a total of five daytime sessions a week and in addition had each volunteered to work up to two evening sessions weekly, each evening session being of two hours' duration. This gave a weekly total of up to 11 sessions. In February we commenced the rota of sessions which 18 local private practitioners had so readily agreed to operate. These sessions numbered up to three each week, so that in all 14 sessions weekly were set aside. In order to make the scheme as widely known as possible and with the concurrence of the Local Medical Committee, all medical practitioners in the City were informed and given a supply of cards requesting appointments for those patients under their ante-natal or post-natal management, who wished to be treated by the public dental service. Finally, the Education Committee had appointed a dental technician and an indentured apprentice, equipped a laboratory at Overton Road with up-to-date equipment and this service was launched on March 1st. We were then well set to cover the estimated dental requirements.

At the beginning of the year, therefore, we had high hopes of a service provided both in the letter and the spirit of the Act for which the local authority, private practitioner service and the public dental officers concerned could justly claim credit. The estimated demand was based on the experience of former years prior to 1948 when waiting lists for treatment were quite considerable, but by the end of 1949 there was evidence that the demand was variable. It was becoming clear that attendances at the ante-natal clinics, and consequently at the dental clinics, were fewer, especially in those areas of the city which are well served by doctors and dentists. In the new estate areas the demand remained largely as before and it was felt that the arrangements made could be well justified on that account. At all events there the service was, provided with all the goodwill in the world.

I had noted at the conclusion of the 1949 Dental Report : "It may be that gradually the General Dental Service may absorb much of this work, but unless and until that happens, the Leicester Authority will, as always, do its best to provide as adequate a service as the conditions will allow." That, in brief, is the story of 1950. In all there were 1,602 attendances occupying a total of 300 sessions, and 411 patients failed to keep their appointments. These figures could not be represented as fully justifying the service provided and it was particularly disappointing from the private practitioners' point of view as they had come in so enthusiastically, with their sleeves rolled up, ready to do a great deal of good sound work. While the general response was frankly disappointing owing chiefly to the fall in attendances at the ante-natal clinics, there was undoubtedly a general reluctance during the year to having any extractions done owing to a natural apprehension connected with the incidence of infantile paralysis.

Those who did take advantage of the facilities had full value especially in the provision of dentures. That service was of high quality and was much appreciated. There was, too, an increase in the conservative work done, compared with former years, but not nearly in such sufficient volume as the dental surgeons themselves would have liked. A significant feature of the total number treated was that out of 621 patients, 294 were pre-school children. That so large a proportion of very young children, many of them as young as three years of age, should need extractions of deciduous teeth to relieve pain and sepsis is a measure of the inadequacy of our outlook in relation to the whole problem of prevention. As from the year's working, we must conclude that most of the adult work will pass to the general dental service, we can also infer from the very nature of this exacting work that the responsibility of

treating the pre-school child will remain with us and be no more than a relief service. It is a fair comment under the circumstances that in dentistry, as we view it today, real statesmanship has been in short supply. As far as the Leicester local Authority is concerned they have done the very best they could to meet the demands laid on them. As in some other fields of preventive medicine, preventive dentistry practised as far as our modern knowledge would go, has not had even the glimmer of a chance.

A. J. SUTHERLAND, L.D.S.,
Senior Dental Officer

MATERNITY AND CHILD WELFARE, 1950

Details of Treatment, etc.	Pre-School Children	Adults	Total
Sessions devoted to Treatment (Half-days)	300		300 (262)
Patients treated ..	294	327	621 (528)
Daily Attendances ..	427	1,175	1,602 (1,557)
Extractions—Permanent Teeth	—	1,077	1,077 (1,555)
Temporary Teeth	451	—	451 (357)
Anaesthetics given—Local	294	304	598 (618)
General	25	40	65 (62)
Fillings—Permanent Teeth	—	334	334 (204)
Temporary Teeth	50	—	50 (52)
Root Fillings ..	—	—	— (—)
Scaling	1	138	139 (110)
Dressings	50	64	114 (140)
X-Rays	1	4	5 (—)
Prosthetic Dressings ..	—	457	457 (498)
*Dentures	—	151	151 (158)
Patients to whom dentures have been supplied ..	—	98	98 (98)
Denture repairs ..	—	16	16 (6)
Howe's Treatment—Temporary	6	—	6 (—)
Consultations	49	71	120 (103)

(1949 figures in brackets)

*Includes 92 Full Dentures and 59 Partial Dentures.

During the year 411 patients failed to keep their appointments.

DENTAL TECHNICIAN SERVICE

TOTALS FOR MATERNITY AND CHILD WELFARE SERVICE
from March 1st, 1950, to December 31st, 1950

Total Number of Patients Receiving Appliances in this Period : 102

Types of Appliances						
Full Upper and Part Lower or Full Lower and Part Upper	Full Upper or Full Lower		Part Upper or Part Lower		Repairs	Totals
	Part Upper and Lower	Part Lower	Obturators	1		
32	10	12	21	1	15	102

Columns 1, 2 and 3 are multiplied by two as each patient received two appliances

Total Number of Appliances supplied : 156

Report of the City Analyst for the year 1950

By

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.,
(Public Analyst and Official Agricultural Analyst)

To the Chairman and Members of the Health Committee :

I beg to submit the Annual Report on the work carried out in the City Laboratory, Health Department, for the year 1950.

A total of 6,260 samples was examined as set out in Table A. This table and others on special branches of the work are grouped together at the end of the report.

STAFF

Early in the year Mr. Cregeen, the Deputy Public Analyst, left the department to take up an appointment as Deputy for the County of Somerset. The gap left in the establishment was not filled until the 1st August, 1950, when Mr. E. R. Pike, F.R.I.C., from the Birmingham Public Analyst's laboratory, assumed the duties of Deputy Public Analyst for Leicester.

For a period of about six months, therefore, I was without qualified assistance ; and I take pleasure in putting on record that, thanks to the rest of the staff, Mr. R. I. H. Duncan, Miss H. M. Ives, Miss P. Webb, Miss M. Humphreys, and Miss J. M. Taylor, Secretary, who all gave devoted service in their various capacities, the work continued in a reasonably normal manner. No essential enquiry suffered ; and, as the Tables at the end of the report show, a typical year's work of the normal miscellaneous kind was carried out.

Early in December, Miss J. Brewin, the second Clerk, left after giving very satisfactory service. Her position was filled in due course by the appointment of Miss M. Lister.

Mr. Pike has been with me now for nine months and by the zeal and interest which he has applied to his work has fully justified his appointment. He has attended Health Committee Meetings on occasions when I have been absent and has done this to the satisfaction of the Committee.

FOOD AND DRUG SAMPLES

Apart from occasional samples submitted by members of the public, or privately by local tradesmen, etc., the majority of the food and drug samples are taken officially by the Sampling Officer. They are taken "formally" or "informally" according to circumstances.

One thousand and twenty-five samples altogether were submitted under the Act as follows :

Milk	..	..	476 samples
Miscellaneous Foods	..	..	389 samples
Miscellaneous Drugs	..	..	160 samples
TOTAL	..	..	1,025 samples

Of these, 183 were reported against as being "not genuine", or in some way unsatisfactory. The percentage adulterated is therefore 17.9—a very high figure. It includes 113 milks out of a total of 476 (23.6%), leaving 70 miscellaneous samples adulterated out of 549 (12.7%).

Although many of the defects for which samples were condemned were technical, and some, from the layman's point of view, were perhaps even trivial and not necessarily indicative of fraudulent intent, the figures are undoubtedly high, and reveal the need for constant vigilance by the Sampling Officer and Public Analyst. Some individual items will be considered below.

Milk

A glance at the tables at the end of this report will show that the examination of milk in all its various aspects has again been a principal activity in the laboratory throughout the year. Certainly never a whole day, and probably not an hour, passes without at least one of us being engaged in either drying, ashing, freezing, incubating, or otherwise investigating a sample of milk to ascertain its genuineness and suitability for human consumption.

It is not that the farmer or dairyman is distrusted more than any other tradesman, or that cows are particularly under suspicion. It is because milk is regarded as the number one food of the country—a boon and a blessing when unadulterated ; a disappointment when skimmed

or watered ; and a positive danger when in any way unclean—and, at the same time, it is more subject to risks which can affect its chemical integrity and bacterial purity than most other foods.

Bulked, treated, and distributed as it is today, milk is very much of a processed article, and it encounters many hazards between the secretory glands of the cow and the digestive organs of the ultimate consumer. Some of these hazards seem to be quite unconnected with any wilful desire to depreciate the milk on the part of any human being, e.g., traces of extraneous water simply "arrive"—no one has added it and no one can say how it may have been introduced. Machinery that is 100% reliable is not yet obtainable, and the human factor is only 100% reliable in its liability to be unreliable. Hence that occasional disconcerting phenomenon : a bottle of irreproachable milk, derived from healthy cattle, and processed in an up-to-date dairy, is ultimately delivered to the customer in a bottle washed according to the custom of the Pharisees of old—immaculate without, but "full of uncleanness within".

We try, therefore, to maintain an overall watch on the supply as a whole. Our policy is not to make sudden raids, in the hope that we shall find cases where legal proceedings will be instituted ; but to maintain conditions whereby the Sampling Officer is a regular—and not unwelcome—visitor to all local dairies : he is ready to advise and help in the light of our analyses. It is only necessary to admonish with any severity in extreme cases.

It can be seen from the tables that the reasons for which milk samples were condemned were limited to (1) fat deficiency, (2) added water, and (3) being supplied in dirty bottles.

(1) There are a number of explanations (other than fraudulent skimming) that can account for a milk sample having a fat content less than the legal minimum of 3 per cent. The smoothing-out effect of bulking renders most of the larger supplies well up to the required standard. In the odd instances of significant deficiency, it is small comfort to the purchaser to know that his bottle of bluish liquid represented the cow's most determined efforts on that particular day ; but at present there is no legal redress. Even here, however, the average composition of the milk supplied throughout the year to any one consumer may be perfectly good.

(2) The "whys" and "wherefores" of added water have been discussed in previous reports. Sufficient to say here that no serious cases were encountered during the year under review, and some of the presumptive

small additions were not confirmed by the freezing point test. Where small amounts of water are detected in bulk supplies, our procedure is to work back by stages through dealers, individual farmers, milkings (morning or evening), and churns, until the origin of the water is established.

The considerable number of "Appeal to Cow" samples not up to standard raises a fine point : while the emphasis during recent years has been more and more on production, there has been a natural tendency to use breeds of cattle which give large yields, sometimes with consequent reduction of quality. May this be regarded as an instance in which crude adulteration has given way to more subtle devices ? Does it make much difference to the consumer whether the water is added to the milk before or after it leaves the cow ?

(3) The problem of the dirty bottle, that defies mechanical washing processes and escapes detection till it is taken indoors from somebody's doorstep, becomes evident all too often.

Here the public themselves are largely to blame for not rinsing the bottles immediately after use, and indeed for not washing them as conscientiously as they would wash their own milk jugs.

The individual milk samples that were reported against are set out in Table C. They are linked together in series in the table, and need no further amplification here.

To end this section on a bright note it should be said that although the percentage adulteration of the 476 official samples was high (23.6%), 1,334 other milk samples, bottled on the farm or at the dairy, were analysed, of which only 35, or 2.6%, were below standard.

No legal proceedings were instituted during 1950 in respect of any milk sample.

Miscellaneous Foods

The unsatisfactory samples are listed in Table D(a). "Foreign bodies" detected during the year included the usual collection of mites, cockroaches, lice, etc., in various starchy foodstuffs. There were two novelties : (1) a sample of currants with which a large quantity of lime had become mixed, and (2) a black pudding containing a length of stout rope.

Comments are made on a few food samples below :

LEMON CHEESE

A private sample, No. S.105, consisted of a grossly dirty jar which had been filled with lemon cheese. In the debris that we examined,

mineral fragments, specks of coal dust, wheat hairs, rodent hairs, and mould hyphæ were detected. The jar was sent to the Medical Officer of Health for the area in which the product had been manufactured, so that he could visit the factory and deal with the incident on the spot.

FISH PASTE

Three informal samples, Nos. 502, 503, and 506, contained respectively 53.8 per cent, 57.5 per cent, and 59 per cent, of fish ; whereas the statutory minimum fish content of such products was 70 per cent. They were brands which appeared to have gone off the market when we came to take formal samples, and no further action was possible.

PASTRY MIX

An informal sample, No. 4834, was a product made abroad ; it contained, according to the information supplied on the label, self-raising flour and edible fat. The available carbon dioxide present was only 0.03 per cent—equivalent to a deficiency of 92 per cent of the required amount.

A formal sample of the same brand was only slightly better, containing 0.11 per cent available carbon dioxide in the whole sample, or 0.15 per cent calculated as a percentage of the flour alone. Self-raising flour should contain not less than 0.40 per cent, so that the formal sample was deficient of 60 per cent of the required amount of available carbon dioxide.

In correspondence with the wholesale supplier, the latter stated that he had analysed the product for moisture and fat content, but had not made a fuller investigation. The rest of the pack was taken off the market.

ICE CREAM (See Table N)

Only 105 samples were examined, compared with 217 last year, and these again showed a general improvement in food quality compared with war-time and immediate post-war ice cream. While there is very little difference between the average fat and total solids contents for 1950 and 1949, it is to be noted that the percentage of samples containing less than 2.5 per cent fat has decreased from 2.8 to nil.

The interim standard of composition proposed by the Food Standards Committee had not been put into force during the year under con-

sideration. It becomes operative on 1st March, 1951, and provides a minimum composition as follows :

Fat	..	..	5.0 per cent.
Sugar	..	..	10.0 ,,
Milk Solids	..	..	7.5 ,,

for ordinary ice cream, with variants for fruit ices and Kosher ice. The Minister makes it clear that this is only an interim standard ; and indeed, many well-known brands already contain about 10 per cent fat.

BLACK PUDDING No. S.111

A sample of this material was submitted privately with a complaint that it contained "something strange looking." The purchaser actually suspected that it was a rat's tail ; closer examination proved it to be a piece of jute rope about 10 inches long, and $\frac{1}{8}$ inch diameter. The rope was twisted back on itself and was completely concealed within one link of the pudding.

The vendor was prosecuted in this instance, and was able to give no information as to how the mishap had occurred. He had sold nine million puddings during the previous twenty years, and had never received a complaint before. A fine of £10 with £2 7s. costs was imposed.

TOMATO KETCHUP

Tomato ketchup is not infrequently found to contain an undesirable amount of copper, most of which appears to arise during the preparation of the puree. A maximum limit of 50 p.p.m. (calculated on the total solids) is permissible in the final product.

An informal sample (No. 1608) was found to contain 250 p.p.m. and the follow-up formal sample (No. 2312) 275 p.p.m. ; this close agreement seemed to establish the fact that the copper was an inherent contaminant of this particular batch.

In correspondence with the manufacturer we learned that he had abandoned the manufacture of tomato ketchup at least 18 months previously ; he expressed alarm that some of this old food stuff was still on sale. His chemist had left and he could offer no explanation except that the copper had been introduced during manufacture.

It should perhaps be said that copper is not toxic to human beings in the way that lead and arsenic are. Indeed, traces of copper are essential to animals to catalyse the essential intake of iron. Nevertheless, the average mixed diet will provide the traces of copper necessary for

well-being ; and no drastic relaxation should be permitted in any one article of food, when reasonable care in manufacture can keep down the copper contamination to "trace" amounts.

SOFT DRINK No. S.102

Submitted privately, this sample was alleged to smell of disinfectant. We confirmed the complaint and, on comparison with likely substances, concluded that the drink had become contaminated with T.C.P. and that the unusual flavour rendered it sufficiently unpalatable as to be unfit for human consumption.

The manufacturer was recommended to destroy all such bottles, paying particular attention to the stoppers which, when made of ebonite (as in this case), are especially prone to retain odiferous substances.

VINEGAR

One way in which the public were hoodwinked for many years was by the use of names for foodstuffs which really amounted to contradiction in terms. Typical expressions which readily come to mind are "Non-Alcoholic Wines", Caffeine-free Coffee", "Milk Stout", "British Sherry" . . .

In this category may be included the use of the word "vinegar" when applied to coloured dilutions of commercial acetic acid. It is true that the word was often qualified and the product was described as "Non-Brewed Vinegar", "Pickling Vinegar", or "Table Vinegar" (the latter expression possibly in allusion to the fact that the acetic acid used was a product of the distillation of wood !) ; but the connection with wine was so very remote as to justify the growing body of opinion that the word "vinegar" should be reserved exclusively for products obtained by a process of alcoholic and acetous fermentation.

The matter was clarified in the year under review when, on the 21st of July, a special case was heard in the High Court of Justice, King's Bench Division (Divisional Court). The Chief Magistrate held that the application of the description "Non-Brewed Vinegar" to a solution of synthetic acetic acid put up as a condiment was a false trade description. This decision was upheld by the Divisional Court. Almost immediately after this verdict, an Association of Non-Brewed Condiment Manufacturers made an announcement in the press advising housewives in particular that the original synthetic vinegar, while good and wholesome, etc., and suitable for all its original purposes, would be known henceforward as "Non-Brewed Condiment."

After allowing a suitable period of grace, we took a batch of samples of vinegar towards the end of the year. Of these, two informal samples (Nos. 2336 and 2339) proved on analysis to be the synthetic variety improperly labelled.

The Town Clerk sent letters of caution to the vendors and also wrote to the local branch of the National Federation of Shopkeepers, and the Grocers' Association, advising them to point out to their members their obligations to label correctly if they wished to avoid the risk of prosecution.

This leads to the general question of :

Labelling of Foods

It is now commonly accepted that, apart from isolated instances, the days of gross food adulteration are over. Most well-known food manufacturers, and all firms of repute, have set themselves an ethical standard of business practice in which the older forms of crude adulteration have no place. How, and why, this has come about is due to many factors—possibly the efforts of Public Analysts have contributed something ; but no doubt the main factor is the virtual impossibility of building up a sound business, in a competitive world, except on a good reputation. The actual means, however, is not of first importance ; the essential point lies in the fact that the purchasing public is today getting a better deal than formerly. Genuine mistakes, unavoidable accidents, misunderstandings, bad storage in retail premises, and sometimes an over-early introduction of new scientific discoveries into food manufacture—all these causes result in a hard core of “non-genuine” samples being found and reported against by Public Analysts. This residue may appear regrettable to some, but it is unlikely that it will ever be eradicated entirely, being a function of the human element. Indeed, the few non-genuine samples in a way serve their own very good purpose : they reward the Analyst with a few highlights of interest ; they break up the monotony of examining a long succession of samples which turn out to be exactly what he had expected before he began his investigations. Thus, they act as an incentive to regular conscientious work, and help to keep him on his metal—by experience he knows that he will not always search for irregularities in vain. There is possibly something of the same thrill in detecting a new method by which a common foodstuff has been ingeniously adulterated (having previously analysed several hundreds or thousands of the same material and not found anything amiss), as there is in ultimately spotting the right combination of results to complete a football pool form. Finally, these odd occasions serve to

establish contacts—if only by correspondence—between the Analyst in his laboratory, and the manufacturer in his factory. In this way, experience is gained by one, and a new point of view by the other, and misunderstandings are avoided.

The more obvious forms of adulteration having been liquidated, there remains the equally bad practice of over-describing ordinary foodstuffs and medicines and putting forward exaggerated claims. Advertisements play their part by appealing to the emotions of the public. Fear is one: such questions as “Is your child highly strung”, “Does your back ache after mowing the lawn”, are flung at us, and lead us to anticipate a complete breakdown of bodily forces unless we are immediately fortified with that particular brand of antidote. The economic approach is also used: “— needs water only to provide the most nourishing and delicious —”, inferring a saving of both time and money. As a result of being waylaid thus, and confronted at every turn with sensational pictures, the indiscriminating public are persuaded to buy the commodities. They may, of course, benefit by the psychological effect, but even this is out of all proportion to the price paid.

Under the Labelling of Food Orders many of these matters can be dealt with; since the original Order of 1944 (to which reference has been made in previous reports), modifications have been made so that today, for all common articles of food, the public has a high degree of protection—and only have themselves to blame if they buy the wrong thing because of its wrapping or advertisement.

A few instances of mislabelling or advertising encountered during the last year are given below:

MALTED MILK. INFORMAL No. 4865

We took exception to the fact that this was advertised as being “Unbelievably rich and creamy”. By analysis we found that when the preparation was made according to the directions, the resulting beverage was equal to about one-third of the strength of milk as regards fat and proteins. It was, as a matter of fact, slightly viscous (due to the incorporation of flour), but “viscosity” is hardly synonymous with “richness”.

Another point observed was that in the advertisement there was a large picture of a tin, bearing a label of the product with a declaration of the ingredients; of these, the first constituent was held to be full cream milk, and the second word—which should have been *flour* according to the actual label—was smeared, and quite illegible. The

Ministry of Food were notified of this matter, and they tackled the responsible advertising company who asserted that the blurring of the word was purely accidental ; they agreed, however, to have a fresh block made immediately.

Note.—This particular advertisement also appealed to class consciousness, by stating that the product was available from chemists and high-class grocers.

MALT CUP. INFORMAL No. 307

The label on this tin bore a picture of two cows—in addition to two ears of barley—and we considered that the portrayal of lactifying animals was irrelevant, and likely to give a misleading impression of the amount of milk ingredients present—in a product where the only milk constituents were a little lactose and less than 1 per cent. fat.

The Ministry of Food were informed.

MALT EXTRACT WITH COD LIVER OIL. INFORMAL No. 4594

The product was described as “Cod Liver Oil with Malt Extract” on the label. Since the major constituent was the malt extract, this name should have been mentioned first, in accordance with the Labelling of Food Order, 1946.

The manufacturers suggested that they could retain their existing terminology for the preparation, but should declare the percentages of each constituent ; we considered this to be satisfactory.

JAM

Of the jam samples analysed, one or two brands were received where the material itself was satisfactory, and the label was quite pleasing and artistic, but failed to include the word *jam*.

It is a first requirement of the Labelling of Food Order, that the label should specify “the appropriate designation of the article”, and expressions like “Somerset Pride” or “Strawberry” do not necessarily mean *jam*. In such a case a prosecution for fruit deficiency in a sample might fail if the defence argued that the sample had not legally been sold as *jam*.

Generally speaking, I would say that the Labelling of Food Order has let the daylight into this vexed question ; and by comparison with the advertising still used relating to such things as cosmetics, soaps and detergents, the claims made for the average foodstuffs are almost

understatements. There is still, however, ground to be covered, and one would like to see some of the pseudo-scientific claims made for "health" beverages, and commodities of that sort, die a natural death rather than have to be stopped by further legislation.

Drugs

More drug samples were examined in 1950 than in any previous year, and a number of points were encountered that required straightening. The defective samples are listed in Table D(b), and further notes on some of the samples are given below.

PRESCRIBED MEDICINE No. S.106

This sample was submitted privately by a purchaser who observed a foreign body floating in the medicine when he came to take the first dose. The said body proved to be a male earwig—dead, and beginning to disintegrate. It was not possible to say how or when the unfortunate insect got into the medicine, but its presence was considered sufficient justification for the complaint. The Pharmacist was advised of the matter and asked to examine his stocks in case the fault had originated with him.

ASPIRIN TABLETS CONTAINING FREE SALICYLIC ACID

Salicylic acid in excess of the maximum amount permitted in the B.P. was found in three samples, all from the same shop and of the same brand :

Sample No.	Designation	Date taken	% of Free Salicylic Acid
1684	Informal	21st Nov.	0.35
2313	Informal	30th Nov.	0.29
2318	Formal	7th Dec.	0.325

The usual form of packing is in glass bottles, but the present samples were in small cardboard tubes, and the evidence obtained suggested that this form of packing does not give sufficient protection to prevent formation of free salicylic acid on storage.

In correspondence with the manufacturer, it was ascertained that to avoid paying purchase tax the labelling had been altered 15 months previously ; and though the manufacturer could not give the age of the samples with any great precision, he knew that it was at least 15 months but it might have been as much as 25 years. The manufacturer obtained an analysis of the current batch of tablets and found that the free salicylic acid was well within the 0.15 per cent permitted in the B.P.

This seemed to prove that the faulty samples owed their excess of acid to storage, and the manufacturer undertook to call in all this material and replace it by tablets complying with the B.P. specification.

COUGH MIXTURE No. 1167—INFORMAL

The expression “carminative 1%”, instead of the name of the specific ingredient, was used in a prescription on the label attached to a bottle of cough mixture. In our opinion, this general term was insufficient, and did not satisfy the requirements of the Pharmacy and Medicines Act, 1941. When notice of this was brought to the manufacturer he consented to amend the label.

HONEY AND LEMON LINCTUS, No. 1168—INFORMAL

There was reasonable compliance between the actual composition and the declared contents, but the description of one ingredient as “syrup of lemon essence” caused some deliberation ; this is not an official term, and does not indicate the true nature of the preparation. The manufacturer said that he would substitute the expression “oil of lemon”, and modify the quantity accordingly.

PARRISH'S FOOD, No. 1507—INFORMAL

This sample was deficient of ferrous phosphate in solution. The Codex requires that the soluble ferrous phosphate shall be between 0.85 per cent and 0.95 per cent w/v, whereas the sample contained only 0.78 per cent. The iron phosphate was actually present, but as an insoluble deposit at the bottom of the bottle, and was probably unavailable for its intended purpose.

The retailer looked through the rest of his supply and discarded all other bottles in which the iron had been precipitated.

SEIDLITZ POWDER, No. 1586—INFORMAL

The powder in the blue packet of this sample contained 21.9 per cent of sodium bicarbonate instead of the required B.P. amount of 25 per cent. The manufacturer accepted responsibility for the discrepancy and explained his method of mixing and sifting the sodium potassium tartrate and the sodium bicarbonate together to get homogeneity. In view of this sample, however, he undertook to have analytical control to check every batch in future.

SODAMINT TABLETS, Nos. 550, 552, 553, and 555.

Four informal samples of sodamint tablets were purchased from four different shops, and in every case the sample was supplied in a plain bag without any label disclosing the name of the article or its nature. This procedure is an infringement of Section 11 of the Pharmacy and Medicines Act, 1941, and the practical importance lies in the possibility of children purchasing these tablets and using them as sweets, because of their peppermint flavour. Probably no great harm, possibly even a little good, would be done in the case of sodamint tablets, but the same principle would apply in the case of other drugs more potent in action, and we felt justified in cautioning the firms concerned and asking them to label all preparations in accordance with the current Regulations.

In the case of Sample No. 552, 3 per cent of talc was present in the tablets. Talc is not normally used in the manufacture of sodamint tablets, nor is it specified in the B.P., and it should not be necessary. Although it could be argued that a smooth powder like french chalk might have an equally soothing effect on the stomach walls as the other ingredients in sodamints, it might equally be argued that the ingestion of a completely insoluble material like french chalk was the very last treatment indicated for anyone whose symptoms indicated the use of sodamints.

TINCTURE OF IODINE

There still appears to be some confusion about the composition of tincture of iodine. The B.P. 1932 specified iodine 2.5 per cent, and potassium iodide 1.5 per cent; while the B.P. 1948 specifies 2.5 per cent of each constituent.

An informal sample, No. 383, was accurately dispensed in accordance with the 1948 edition—although the vendor's label declared it was of 1932 specification; it was, therefore, rich in potassium iodide, containing 40 per cent in excess of the declared amount. The label was considered to be at fault rather than the mixture itself.

In another case, an informal sample, No. 384, bore a label claiming the product to be of B.P. standard, but omitted to say which B.P. The iodine and potassium iodide percentages were respectively 2.75 and 1.72—these amounts falling into that no-man's land between the requirements of the two latest B.P.s.

A formal sample, taken from the same retailer, gave similar figures; adopting the standard of the B.P. 1948 it was 29.6 per cent deficient of potassium iodide, and contained 12 per cent excess of iodine. The vendor was cautioned.

MALT AND COD LIVER OIL

A sample of "Extract of Malt with Cod Liver Oil", No. 4594, was purchased, and was found to be a proprietary brand labelled "Cod Liver Oil with Malt Extract". The composition on the label was given as "Malt Extract—Cod Liver Oil 23 per cent v/v, and flavouring". We took exception to the fact that although the malt extract was the major ingredient, it was named last in the description of the preparation. Since the firm worked on a recipe which differed from that in the B.P., in that it contained a bigger proportion of cod liver oil, they wished to differentiate their product by name—and so used an expression where the oil was named before the malt extract.

In view of our complaint, they made a further approach to the Ministry of Food, Food Standards and Labelling Division, and the Ministry suggested that on reprinting their labels the firm should disclose the percentage of malt extract rather than the percentage of cod liver oil. We accepted this procedure as meeting the situation by a reasonable compromise.

FRIARS' BALSAM, No. 2353

An informal sample of Friars' Balsam was unsatisfactory in that it contained only 14.4 per cent w/v of total solids. There is no official standard for total solids in Friars' Balsam, but when the preparation is made up according to the B.P. formula the average total solid content is 18.5 per cent.

The manufacturer was approached and although he produced evidence to show that he maintained a control over his preparations and normally worked to a figure of "not less than 17 per cent total solids", it appeared that one or two batches had gone through during a period of labour shortage without being checked. He withdrew the faulty material from stock and replaced it with the correct material.

FERTILIZERS AND FEEDING STUFFS

As set out in Table G, 27 samples were received during the year for examination under the Fertilizer and Feeding Stuffs Act; a further two samples were submitted by private persons for analysis in connection with this Act.

There has been some evidence of negligence on the part of vendors in providing the necessary statements of analysis required by the Act, and there have been some cases of variation from the declared analysis. Failure to provide a correct statement of analysis is a contravention of

the Fertilizers and Feeding Stuffs Act, and may in some cases be regarded as an attempt to deceive the purchaser, and to sell an article of inferior quality.

One sample of bone meal, No. 50/FF/1, contained 3.2 per cent nitrogen and 27 per cent phosphoric acid, whereas the declaration stated 1 per cent nitrogen and 27/73 per cent phosphoric acid. Here the statement of analysis is not in accordance with the Act, which requires a precise and definite statement and then prescribes limits of variation which may be applied to these figures. Another bone meal, No. 50/FF/11, was sold with no declaration of analysis.

Two samples of dried blood were found to be deficient of the declared amounts of nitrogen. Sample 50/FF/23 contained 11.65 per cent, whereas the stated content was 12.36 per cent, and Sample 50/FF/25 contained 11.8 per cent, as compared with a stated 13.5 per cent nitrogen. This represents deficiencies of 5.7 and 12.6 per cent respectively of the declared amounts of nitrogen. The Act allows a limit of variation of 0.5 per cent from the statutory statement.

Of four samples of poultry balancer meal, only one complied satisfactorily with the regulations. Sample No. 50/FF/10 contained 17 per cent albuminoids, 4 per cent oil, and 6.8 per cent fibre, while the statement of analysis printed on the bag indicated a content of 20 per cent albuminoids, 3 per cent oil, and 9 per cent fibre. Sample No. 50/FF/12 bore no statement of analysis, and Sample No. 50/FF/16 contained 17.2 per cent albuminoids, 3.4 per cent oil, and 5.6 per cent fibre, as compared with a stated 20 per cent albuminoids, 3.5 per cent oil, and 9 per cent fibre. The limits of variation allowed are one-tenth of the respective amounts of oil and albuminoids and one-eighth of the amount of fibre stated.

In all the above cases the vendors were suitably cautioned by the Medical Officer of Health.

Drinking Water

The general remarks made in previous Annual Reports upon the importance we attach to ensuring the safe quality of the local drinking water obviously still holds good and need not be repeated here.

Frequent sampling of water from the three local reservoirs and from points along the supply mains has enabled a constant check to be kept on the general maintenance, so that should any abnormality appear, steps could be taken to put the matter right.

The water samples examined are classified according to their origin and purpose, and are included in Tables H and M. Whereas the water as supplied to consumers was invariably of a safe quality for drinking purposes, a few faulty samples arose as follows :

Towards the end of the year, the supply in two districts was affected by lengths of new piping, and as a precautionary measure consumers were advised to boil all water intended for drinking purposes pending the sterilization of the mains. This was duly carried out until subsequent tests proved satisfactory.

In December trouble was caused by a large works in the city who interconnected the existing pipe system within their premises, allowing canal water from a private high pressure main (ordinarily used for purposes other than human consumption), to enter the service mains. Pollution from this source travelled back and contaminated the city supply in the vicinity. The responsibility of the local authority ceases with the delivery of safe water to consumers' premises. What happens thereafter is no concern of the local authority unless, as in this instance, the water of other consumers is affected adversely. No step was omitted in this case to trace the extent of the polluted water by frequent sampling, and to sterilize the mains before giving the "all clear" to the people affected who, in the meantime, had been advised to boil their water.

There have been one or two complaints of opalescent water being delivered to consumers ; in most cases the houses concerned were situated at the end of a main. The turbidity was caused by traces of iron ; and while this is not injurious to health, it renders the water unsightly and may introduce an ink-like flavour to tea.

The magnitude of the problem of producing a "pure and wholesome" supply of water depends very much on the quality of the raw supply ; and when this varies, as it may do according to season, rainfall and other circumstances, temporary difficulties will occur. I am satisfied that appropriate treatment has been maintained throughout the year according to prevailing conditions, and that filtration and chlorination have at all times been efficient.

We have again had complete co-operation from the Water Engineer and his staff, and full support from the Chairman and members of the Water Committee to any recommendations we have made. I am confident that only water free from all risk of conveying water-borne disease has been supplied to consumers throughout the year, and I believe that

the measures put in hand at Thornton to improve this supply are justified and will prove worthwhile.

Swimming Bath Water

Table F reveals a most satisfactory state of affairs in the bacteriological quality of the swimming water maintained at the seven local swimming pools, both those owned privately and those run by the Corporation.

The number of samples of swimming water actually taken in 1950 was less than usual ; but the taking and analysis of samples does not represent all the supervision that we exercise. All the baths were visited systematically during the season, and contact was maintained with Mr. Harris, the Bath Superintendent, and his staff. When, on inspection, the appearance of the water was good and the chlorination process found to be working effectively—as was usually the case—the formality of taking samples was sometimes omitted. The safety and comfort of the bathers is the object in view ; the accumulation of reports and records, except as means to the main end, is but a secondary matter.

The summer was notoriously a bad one ; and on several occasions when the outdoor swimming pools were visited, the depressing sight that greeted one was that of several hundred thousand gallons of excellent water (fit to drink, let alone swim in) being filtered and chlorinated *ad nauseam*—but not a single bather in sight.

The main factor responsible for the present high quality of the water at the indoor pools is the introduction during recent years of break-point chlorination. The superior positive action of this process has proved a great advance over the old marginal chlorination. All the organic matter in solution is completely oxidised to harmless, odourless, substances—leaving the residual chlorine available to exercise its bactericidal effect on whatever microbes might be present.

As is probably the case in many other comparable towns, the number of swimming baths here falls short of the demand of the growing population of Leicester. It is all the more important, therefore, that such provision as is available be kept up to a high standard of cleanliness and safety. My experience confirms that such is the case as regards our local swimming baths.

The recent report by the Ministry of Health points out that dangers directly attributable to swimming bath waters have probably been exaggerated in the past, and that no direct connection between the spread of infantile paralysis and the quality of swimming bath waters

has been traced. However this may be, aesthetic considerations are important, and with modern engineering and chemical technique there is no reason why all swimming pools should not be kept in a clear, sparkling, and attractive condition. Under these circumstances, danger, except when brought about by ill-considered action of the bathers themselves, is practically non-existent.

ATMOSPHERIC POLLUTION

Regular monthly determinations of total pollution were maintained throughout the year, using the gauge located on the Town Hall roof. The amount of pollution recorded at this site averaged 30 tons per square mile per month. This is the highest figure for many years (see Table P), being 50 per cent more than in 1949.

The extra amount of smoke may be connected with the increased number of contributing houses, more smoky fuel in the domestic ration, the rearmament drive, a falling off in the efficiency of industrial stoking, or a combination of these and other causes. In the north "muck" is regarded as a measure of prosperity—let's hope so in our case!

During the year, another series of readings was started using a gauge placed on the outskirts of the city. Readings up to date suggest that the pollution at this point is only about one-fifth of that in the centre of the city.

OTHER ACTIVITIES

A good deal of time is spent on work which is not the primary concern of the laboratory. We are frequently asked to give talks to students at schools and colleges, to local clubs and associations, adult schools, and fireside circles. From time to time organized parties of Student Health Visitors honour us with their presence ; it is regrettable that some other requests for such visits cannot be met, owing to our slender accommodation.

Several times a year we are invited to participate in Health Exhibitions, Clean Food Demonstrations, etc., and we give all the assistance we can. Perhaps the most trying ordeal in this connection is to pose for photographs for publicity purposes ; fortunately (from the shy and retiring analyst's point of view), the obverse of a piece of apparatus usually includes only the analyst's reverse or part thereof.

Other occasions on which our help is sought include answering the many telephone enquiries made by the press, the information bureau,

various works in the city, other Corporation Departments, and by no means least, the housewives of the district.

If at times we feel that some of this activity is a frittering away of time from our essential job, we also appreciate that we ourselves gain thereby, and that the benefit is mutual.

It may well be, indeed, that in as far as our work as a whole is concerned with the preventive side of Public Health, this extraneous activity represents the time most profitably spent by this department.

F. C. BULLOCK

City Analyst

TABLE A

Summary of Samples Analysed during 1950

Food and Drugs Act, 1938 :

Samples submitted by Sanitary Inspectors ..	987
Samples submitted by the Public ..	30
Shellfish (Bacteriological Samples) ..	38
	— 1,055

**Bacteriological Milk Samples examined for
Chemical composition**

1,334

Fertilizers and Feeding Stuffs Act, 1926 :

Samples submitted by Sanitary Inspectors ..	27
Submitted privately	2
	— 29

Rag Flock Act, 1911 :

Samples submitted by Sanitary Inspectors ..	3
Submitted privately	1
	— 4

Milk (Special Designation) Regulations,

1949 1,334

Milk (Phosphatase Test) 1,444

Atmospheric Pollution Samples .. 43

Miscellaneous Samples from other sources :

Health Department	395
Water Department	516
Miscellaneous	106
	— 1,017

Total 6,260

TABLE B

FOODS AND DRUGS ANALYSED DURING 1950 :

(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed :

Sample	No.	Sample	No.
Milk	476	Meat Paste	9
Ale	1	Malted Milk	4
Assorted Crystallized Fruit ..	1	Malt Cup	1
Apple Puree (Sweetened Canned)	1	Mincemeat	1
Beer	17	Margarine	2
Butter	7	Malted Soyacream	2
Baking Powder	1	Mustard Sauce	1
Bun Flour	1	Oysters	4
Barley	1	Oatmeal	1
Blanc Mange Powder	1	Porridge Oats	1
Cider	2	Pastry Mix	6
Condensed Milk	5	Pastries	1
Cake and Pudding Mixtures (Sweetened)	8	Peanut Butter	1
Coffee (Ground)	8	Pepper (White)	4
Coffee and Chicory Essence ..	7	Pepper (Black)	1
Cake Flour (Sweetened)	1	Pepper Flavoured Compound ..	3
Cordial	1	Peas (Tinned)	6
Currants	5	Plums (Tinned)	2
Cherries (Tinned)	2	Pineapple Powder	1
Cake	5	Quinine Tonic Water	2
Creamola	1	Rhubarb (Tinned)	3
Custard Powder	6	Raisins	3
Cornflour	4	Soda Water	1
Christmas Puddings	4	Salad Special	1
Demerara Sugar	1	Sultanas	2
Desiccated Coconut	2	Salt	3
Drinking Chocolate	1	Soups	4
Fish Paste	12	Sherry	1
Fish Cakes	3	Soft Drinks	5
Frying Oil	2	Tea	12
Flour	6	Table Jellies	5
Gelatine (Unsweetened)	1	Table Jelly Crystals	1
Gravy Powder	1	Tomato Ketchup	6
Golden Raising Powder	2	Tomatoes (Tinned)	1
Ice Cream	105	Vinegar	8
Jam	5	Wine (White)	1
Liquid Eggs	3	Wine Ruby	1
Lemonade	3	Whisky	2
Lemon Powder	1		—
Mussels	33	Total	865
Mineral Waters	5		—

TABLE B---*continued*

Drugs Analysed :

Sample	No.	Sample	No.
Aspirin	13	Malt and Cod Liver Oil ..	4
Ascorbic Acid Tablets ..	6	Malt Extract ..	3
Borax	6	Parrish's Food ..	7
Blood Mixture	1	Rosehip Syrup	3
Cod Liver Oil	2	Soda Mint Tablets	6
Citric Acid	5	Seidlitz Powders	9
Cough Syrup	1	Saccharin Tablets	9
Composition Essence	1	Sulphur Ointment	6
Cough Balsam	1	Sodium Salicylate Tablets	2
Children's Tonic	1	Tincture of Iodine	14
Caramel Tablets	5	Tartaric Acid	4
Disprin Tablets	1	White Precipitate Ointment	6
Epsom Salts	6	Zinc Ointment	12
Frooty (Vitamin "C" Tablets) ..	1		—
Friars' Balsam	3	Drugs	160
Glycerin	7	Foods	865
Grey Powder Tablets	5		—
Hydrogen Peroxide	6	Total Food and Drugs ..	1,025
Honey and Lemon Linctus	1		—
Liquorice Powders	3		—

TABLE C. Milk Samples "Not Genuine",

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
4781	Tuberculin Tested Milk	Bacterial	Deficient of 2% Solids-not-Fat. The freezing point did not entirely rule out the possibility of a small amount of added water	Follow-up samples were taken
4812	Milk	..	Deficient of 2% Solids-not-Fat. Judging from the freezing point, the sample contained 0% of added water	Follow-up of the above
4813	Milk	..	Deficient of 2% Solids-not-Fat. Judging from the freezing point and the mineral matter content, the deficiency was probably due to a small amount of added water	do.
4814	Milk	..	Deficient of 4.7% Solids-not-Fat, due to added water	do.
4815	Milk	..	Deficient of 5.9% Solids-not-Fat. The freezing point was consistent with a certain amount of water being present, but did not give conclusive proof	do.
1909	Tuberculin Tested Milk (Farm Bottled)	Bacterial	..	These milks were low in Solids-not-Fat, owing to slackness of the milking machine. Inspector made investigation of the plant, and as a check on these samples took eight more Informal ones ; all these were satisfactory
522	Milk	..	..	Formal samples were taken later
		Formal	..	Follow-up of the above
			..	Formal samples were taken later

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
1994	Tuberculin Tested Milk	Bacterial	Deficient of 4.4% Solids-not-Fat. Judging from the freezing point, the sample contained at least 3% of added water	Formal samples were taken later
527	Milk	Formal	Deficient of 2.5% Solids-not-Fat. Judging from the freezing point, the sample contained 2.5% of added water	Follow-up of the above. Further follow-up samples were taken later, which all proved to be satisfactory
21	Tuberculin Tested Milk	Bacterial	Deficient of 13.3% fat	Formal follow-up samples were taken
576	Milk	Formal	Deficient of 4% fat. The Solids-not-Fat was slightly low, but the freezing point did not confirm the presence of added water	Follow-up of the above
577	Milk	Formal	Deficient of 2% Solids-not-Fat. Judging from the freezing point, the sample contained 0% of added water	“Appeal to Cow” samples were taken, but none were found to be deficient in fat
46	Tuberculin Tested Milk	Bacterial	Deficient of 6% fat	Formal follow-ups were taken later
4845	Milk	Formal	Deficient of 4.6% fat	Follow-up of the above
4846	Milk	Formal	Judging from the freezing point, the sample contained 0% of added water	Follow-up of the above. “Appeal to Cow” samples were taken later, of which three out of five were deficient in fat
579	Milk	Informal	Deficient of 10% fat	These samples were taken at the request of the dealer. Formal follow-up samples were taken later
580	Milk	Informal	Deficient of 20% fat	
581	Milk	Informal	Deficient of 5% fat	
582	Milk	Informal	Deficient of 26% fat	

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken	
				Deficient of 17.3% fat	Follow-ups of the above
4868	Milk	..	..	..	..
4869	Milk	..	..	..	..
4870	Milk	..	..	..	..
587	Milk	..	Deficient of 13% fat	..	Further "Individual Cow" samples were taken later, all of which were deficient in fat. Farmer was advised to dispose of cattle
588	Milk	..	Deficient of 25% fat	..	These samples were taken at the request of the dealer. Formal follow-up samples were taken later
589	Milk	..	Deficient of 13% fat	..	Follow-ups of the above
4860	Milk	..	Deficient of 13.3% fat	..	..
4861	Milk	..	Deficient of 15.6% fat	..	..
592	Milk	..	Deficient of 6.7% fat	..	Further "Individual Cow" samples were taken later, six out of ten being deficient in fat. Farmer was advised to dispose of cattle
170	Tuberculin Tested Milk (Farm Bottled)		Bacterial	Deficient of 5% fat. Judging from the freezing point, the sample contained 0% of added water	..
318	Milk	..	..	Deficient of 9% fat	Follow-ups of the above
319	Milk	..	..	Deficient of 4% fat	Further "Appeal to Cow" samples
320	Milk	..	..	Deficient of 9% fat	were taken later, three out of five being genuine. Still further "Individual Cow" samples were taken, but only two out of 13 were deficient in fat

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
271 334	Tuberculin Tested Milk Milk	Bacterial Formal	Deficient of 15% fat .. Deficient of 9% fat ..	Formal follow-ups were taken later Follow-up of the above Further "Appeal to Cow" samples were taken later, one out of three being deficient in fat
431	Tuberculin Tested Milk	Bacterial	Deficient of 3% fat ..	Formal follow-ups taken later, which were found to be genuine
473 634	Tuberculin Tested Milk Milk	Bacterial Formal	Deficient of 20% fat .. Deficient of 5% fat .. Judging from the freezing point, this sample contained 0% of added water	Formal follow-ups were taken later Follow-up of the above
635	Milk	Formal	Deficient of 25% fat, and 1% deficient Solids-not-Fat. Judging from the freezing point, the sample contained 0% of added water	Follow-up of the above
636	Milk	Formal	Deficient of 16% fat .. Judging from the freezing point, the sample contained 0% of added water	Follow-up of the above
637	Milk	Formal	Deficient of 25% fat, and a very slight deficiency of Solids-not-Fat. Judging from the freezing point, the sample contained 0% of added water	Follow-up of the above
492 663	Tuberculin Tested Milk Milk	Bacterial Formal	Deficient of 13% fat .. Deficient of 3% fat, and 1.6% deficient of Solids-not-Fat	Formal follow-ups were taken later Follow-up of the above
664 665	Milk	Formal	Deficient of 10% fat .. Deficient of 20% fat ..	Follow-up of the above do.

TABLE U—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
666	Milk	Formal	Deficient of 10% fat	Follow up of the above Further "Appeal to Cow" samples were taken, one out of six being deficient in fat
701	Tuberculin Tested Milk (Farm Bottled)	Bacterial	Deficient of 8% fat; a very slight deficiency of Solids-not-Fat	Formal follow-up samples were taken later
653	Milk	Formal	Deficient of 11% fat ..	Follow-up of the above do.
654	Milk	Formal	Deficient of 13% fat ..	Further "Appeal to Cow" samples were taken, one out of five being deficient in fat
734	Tuberculin Tested Milk	Bacterial	Deficient of 13% fat ..	Formal follow-ups were taken later
676	Milk	Formal	Deficient of 3% fat ..	Follow-up of the above do.
677	Milk	Formal	Deficient of 13% fat ..	do.
680	Milk	Formal	Deficient of 5% fat ..	do.
740	Tuberculin Tested Milk	Bacterial	Deficient of 10% fat ..	Further "Appeal to Cow" samples were taken later, which were all found to be genuine
815	Milk	Formal	Deficient of 5% fat ..	Formal follow-ups were taken later
816	Milk	Formal	Deficient of 18% fat ..	Follow-up of the above do.
817	Milk	Formal	Deficient of 23% fat ..	do.
772	Tuberculin Tested Milk (Farm Bottled)	Bacterial	Deficient of 26% fat ..	Further "Appeal to Cow" samples were taken later, all of which were found to be genuine
773	Tuberculin Tested Milk (Farm Bottled)	Bacterial	Deficient of 13% fat ..	Formal follow-up samples were taken later, which were all found to be genuine
				Formal follow-ups were taken later, which were all found to be genuine

TABLE C—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
794	Tuberculin Tested Milk	Bacterial	Deficient of 12% fat ..	Formal follow-ups were taken later, which were all found to be genuine
1009	Tuberculin Tested Milk	Bacterial	Deficient of 20% fat ..	Formal follow-up samples were taken later
845	Milk ..	Formal	Deficient of 6% fat and slightly deficient in Solids-not-Fat	Follow-up of the above
854	Milk ..	Formal	Deficient of 6% fat ..	Follow-up of the above
856	Milk ..	Formal	Deficient of 6% fat ..	do.
1041	Tuberculin Tested Milk	Bacterial	Deficient of 23% fat, and 1.4% deficient of Solids-not-Fat	Further "Appeal to Cow" samples were taken, five out of 22 samples being deficient in fat
1104	Milk ..	Formal	Deficient of 23% fat ..	Formal follow-up samples were taken later
1212	Channel Island Tuberculin Tested Milk (Farm Bottled)	Bacterial	Deficient of 15% fat ..	Follow-up of the above
1408	Tuberculin Tested Milk (Farm Bottled)	Bacterial	Deficient of 6% fat ..	Further "Appeal to Cow" samples were taken later
1523	Milk ..	Formal	Deficient of 8% fat and 2% deficient of Solids-not-Fat ..	Further "Appeal to Cow" samples were taken—one out of four being deficient in fat

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
1466	Pasteurised Milk ..	..	Bacterial	Formal follow-ups were taken later, which were found to be genuine in fat and Solids-not-Fat
1824	Tuberculin Tested Milk ..	Bacterial Formal	Deficient of 2.75% Solids-not-Fat. Judging from the freezing point, this sample contained 3.8% of added water	Formal follow-ups were taken later
1615	Milk ..		Deficient of 11% fat .. Deficient of 7% fat ..	Follow-up of the above Further "Appeal to Cow" and "Individual Cow" samples were taken later, five out of 12 being deficient in fat
1894	Tuberculin Tested Milk ..	Bacterial	Deficient of 13% fat ..	Formal follow-up samples were taken later, all of which were found to be genuine
2280	Tuberculin Tested Milk ..	Bacterial	Deficient of 2.6% Solids-not-Fat. Judging from the freezing point, this sample contained 1% of added water	Formal follow-ups were taken later, all of which were found to be genuine
2424	Tuberculin Tested Milk ..	Bacterial	Deficient of 4% fat ..	Formal follow-ups were taken later
2442	Tuberculin Tested Milk ..	Bacterial	Deficient of 13% fat ..	Follow-up of the above
2359	Milk ..	Formal	Deficient of 8.3% fat ..	do.
2361	Milk ..	Formal	Deficient of 11.3% fat ..	Further "Appeal to Cow" samples were taken later, two out of seven being deficient in fat

Note.—Where no action is reported in any of the above cases, the procedure has been to discuss the matter with the producer, giving whatever help and advice was necessary.

TABLE D(a). Food and Drug Samples other than Milk reported 'Not Genuine'

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken		
S.111	Black Pudding ..	..	Private	Black Pudding containing a foreign body (10 in. length of rope)	Prosecution 11th July, 1950. £10 fine, and £2 7s. 6d. costs	
S.112	Bread ..	..	Private	Bread unfit for human consumption (cockroach present)	Bakery inspected ; firm cautioned	
2011	Bun Flour ..	..	Informal	Bun Flour containing live insects ..	Rest of stock surrendered	
1565	Coffee and Chicory Essence ..	..	Informal	Coffee and Chicory Essence deficient of caffeine ..	Formal sample taken on the 12th October, 1950, No. 1593, was found to be genuine. Vendor cautioned in respect of informal sample	
S.108	Creamola ..	..	Private	Infested with book lice ..	Reported by letter to person concerned	
2015	Creamola ..	..	Informal	Infested with mites ..	Rest of stock surrendered	
2017	Currants ..	..	Informal	Dusted with lime ..	This sample was taken from a 56 lb. sack. The Inspector informed the shopkeeper that currants would be satisfactory for sale after removal of lime	
1133	Desiccated Coconut ..	..	Informal	Containing a mixture of 52.7% desiccated coconut and 47.3% sugar	Formal sample taken on the same date, No. 1132	
1132	Desiccated Coconut ..	..	Formal	Containing a mixture of 40.5% desiccated coconut and 59.5% sugar	Prosecution, 7th November, 1950. £2 fine. Follow-up of the previous sample	
S.127	Drinking Powder ..	..	Private	Inaccurately labelled as regards weight of contents	Referred to the Weights and Measures Department, who dealt with the matter	

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken		
				Informal	Informal	Informal
502	Fish Paste	..	Deficient of 23% of the minimum required amount of fish	Withdrawn from sale		
503	Fish Paste	..	Deficient of 17% of the minimum required amount of fish	Withdrawn from sale		
506	Fish Paste	..	Deficient of 16% of the minimum required amount of fish	Formal sample taken on the 10th of February, No. 532, which was found to be genuine		
2012	Flour Pudding Powder	..	Unfit for human consumption (containing rancid fat)	Rest of stock surrendered		
2008	Gravy Powder	..	Packed in a damp packet ..	..	
S.105	Lemon Cheese	..	Filled into a dirty jar ..	..	
2002	Lemon Powder	..	In an unsaleable condition	..		
307	Malt Cup	..	Bearing a misleading label	..		
310	Malted Milk	..	Labelled in a misleading manner	..		
4865	Y's Malted Milk	..	Labelled in a misleading manner	..		
2007	Malted Soyacream ..	..	Deteriorated with age ..	..	
2010	Malted Soyacream	..	Deteriorated with age ..	..	
2046	Mussels	..	30% clean ..	..	
2055	Mussels	..	Informal	0% clean ..	..
2057	Mussels	..	Informal	35% clean ..	..
2068	Mussels	..	Informal	20% clean ..	..
				Reported to the Chief Sanitary Inspector		
				Rest of stock surrendered		
				Rest of stock surrendered		
				Rest of stock surrendered		

TABLE D(a)—*continued*

Sample No.	Article	Nature of Offence		Action taken
		Formal, Informal or Private	Informal	
2070	Mussels ..	..	50% clean ..	Rest of stock surrendered ..
2071	Mussels ..	..	0% clean ..	Rest of stock surrendered ..
2072	Mussels ..	..	10% clean ..	Rest of stock surrendered ..
2073	Mussels ..	..	30% clean ..	Rest of stock surrendered ..
2074	Mussels ..	..	20% clean ..	Rest of stock surrendered ..
2076	Mussels ..	..	0% clean ..	Rest of stock surrendered ..
2009	Mustard Sauce ..	..	Not in a saleable condition ..	Rest of stock surrendered ..
S.122	Oatmeal ..	..	Developed rancidity ..	Formal sample taken on the 13th of November, 1950, which was found to be genuine ..
S.119	One-pint Milk Bottle ..	..	Dirty condition ..	Dairy cautioned ..
4834	Pastry Mix ..	..	Pastry Mix deficient of 92% of available carbon-dioxide	Formal sample taken on the 14th of March, 1950, No. 4896
4896	Pastry Mix ..	..	Deficient of about 60% of the required amount of available carbon-dioxide	Follow-up of the above sample. Letter of caution sent to the vendor on the 24th April, 1950. Stock withdrawn from sale
2001	Pineapple Powder ..	..	In an unsaleable condition ..	Rest of stock surrendered ..
4589	Porridge Oats ..	..	Genuine Porridge Oats labelled in a misleading manner. Nutritional value as claimed included that of the milk added by consumer	Wrote to the manufacturers on the 29th December, 1949. They agreed to alter their wording on packet as arranged with the Ministry of Food ..
1580	Strawberry Jam ..	..	Insufficiently labelled ..	Vendor cautioned ..

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken	
				Insufficiently labelled ..	..
S.124	Strawberry Jam ..	Private	Wrote to manufacturers who agreed to put new labels on jars		
1151	Sweetened Cake and Pudding Mixture	Informal	Formal sample taken on the 1st September, 1950, No. 1519		
1519	Sweetened Cake and Pudding Mixture	Formal	Follow-up of the above sample.		
1549	Tinned Cherries ..	Informal	Referred to the Ministry of Food Supply confiscated		
S.102	Tizer ..	Private	City Analyst spoke to the firm on the telephone on the 12th January, 1950		
1608	Tomato Ketchup ..	Informal	Formal sample taken on the 30th of November, 1950, No. 2312. Manufacturers cautioned do.		
2312	Tomato Ketchup ..	Formal	Containing excess copper contamination		
S.117	Unsweetened Condensed Milk	Private	Containing an excessive amount of free acid		
S.123	Wafer Biscuits ..	Private	Infested with insect eggs ..	..
2336	Vinegar ..	Informal	Non-brewed condiment supplied		
2339	Vinegar ..	Informal	Non-brewed condiment supplied		

TABLE D(b). Drug Samples reported 'Not Genuine'

Sample No.	Article	Nature of Offence			Action taken
		Formal, Informal or Private	Informal	Informal	
1684	Aspirin Tablets ..	..	Aspirin Tablets not in compliance with the B.P. specification		Further Informal sample taken on the 30th November, 1950, No. 2313
2313	Aspirin Tablets ..	..	Excessive amount of Free Salicylic Acid present		Formal sample taken on the 7th of December, 1950, No. 2318
2318	Aspirin Tablets ..	..			Manufacturers cautioned. Stock withdrawn
1167	Children's Cough Syrup ..	..			Wrote to the firm concerned who agreed to modify their labels
1676 4594	Disprin Tablets .. Extract of Malt with Cod Liver Oil	..	Not labelled in compliance with the Pharmacy and Medicines Act		Vendor cautioned
1168	Honey and Lemon Linctus ..		Unlabelled .. Genuine Extract of Malt with Cod Liver Oil incorrectly labelled		Wrote to Manufacturers and Ministry of Food. The firm agreed to amend label
S.106	Medicine ..	..	Informal		Wrote to firm concerned who agreed to modify their labels
1507	Parrish's Food ..	..	Private		Vendor cautioned by telephone on the 20th March, 1950, by the City Analyst
					Vendor cautioned
					Deficient of soluble Phosphate
					Ferrous

TABLE D(b)—*c continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken	
				Informal	Vendor cautioned
1586	Seidlitz Powder ..	..	Not in conformity with the B.P. standard	Informal	Cautioned
552	Sodamint Tablets ..	..	Containing talc, and not properly labelled as a medicine	Informal	Cautioned
553	Sodamint Tablets ..	..	Not properly labelled as a medicine	Informal	Cautioned
550	Sodamint Tablets ..	..	Not properly labelled as a medicine	Informal	Cautioned
555	Sodamint Tablets ..	..	Not properly labelled as a medicine	Informal	Cautioned
383	Tincture of Iodine ..	..	Wrongly labelled	Informal	Cautioned by telephone on the 12th May, 1950, by the City Analyst
384	Tincture of Iodine ..	..	Inaccurately dispensed	Informal	Formal sample taken on the 16th May, 1950, No. 640
640	Tincture of Iodine ..	..	Inaccurately dispensed	Formal	Follow-up of Informal sample No. 384 taken on the 4th May, 1950
2353	Friar's Balsam ..	..	Deficient of 20% of normal amount of total solid matter	Informal	Cautioned—rest of stock withdrawn from sale
					Stock returned to manufacturer for replacement

TABLE E
Results of Bacteriological Examinations of Milk, 1950

Grade	Total No. examined	Passed as satisfactory	No. which failed Me. Blue Test	% Satisfactory		
				1948	1949	1950
Tuberculin Tested (Farm Bottled) ..	77	73	4	—	76.7	81.6
(including 21 Channel Island Milks)					75.0	74.0
Tuberculin Tested ..	807	653	154	—	—	81.0
Tuberculin Tested (Pasteurised) ..	26	24	1	—	95.7	91.8
Test Void ..	1	1	4	—	88.6	91.4
Pasteurised ..	303	282	—	—	—	93.1
Test Void ..	17	17	—	—	86.6	82.0
School Milk (Pasteurised) ..	68	62	2	—	—	91.2
Test Void ..	4	4	—	—	—	100.0
Sterilised ..	53	53	—	—	—	—
Total ..	..	..	1,147	165	—	79.8
Total Test Void ..	..	..	22	—	—	92.1

TABLE F. Swimming Bath Waters Examined during 1950

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which chlorine dose was too high	% passed as bacteriologically satisfactory
Cossington Street	1	1	—	—	100
Aylestone	2	2	—	1	100
Spence Street	2	2	—	—	100
Vestry Street	25	25	—	—	100
Wyggeston Boys' School	2	2	—	—	100
Total (Corporation Baths)	32	32	—	1	100
Kenwood Pool	6	6	—	—	100
Humberstone Lido	3	3	—	—	100
Total (all Baths)	41	41	—	1	100

TABLE G. Fertilizers and Feeding Stuffs Analysed in connection with the Fertilizers and Feeding Stuffs Act during 1950

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Bone Meal	6	4	—	2	2
Steamed Bone Meal	1	1	—	—	—
Sulphate of Ammonia	7	7	—	—	—
Superphosphate	2	2	—	—	—
Sulphate of Potash	2	2	—	—	—
Meat and Bone Fertilizer	1	1	—	—	—
Dried Blood	5	3	2	—	2
Poultry Balancer Meal	4	1	2	1	3
Cow Feeding Nuts	1	1	—	—	—
Total	29	22	4	3	7

TABLE H. Miscellaneous Samples examined for various Corporation Committees

Health Department			Education Department		
Sulphur Cylinders	..	24	Sweeping Compound	..	1
Rain Water	..	17	Well Water	..	1
Grit	..	2			2
		— 43			
Waters—Chemical :			Soap Samples for Annual Contract		
City Supply	..	1	..	..	58
Brook Water	..	1			58
Leakage Water	..	3			
River Water	..	1			
		— 6			
Waters—Bacteriological :			Maternity and Child Welfare Department		
City Supply	..	262	Urine	..	3
		— 262			3
Miscellaneous :			Housing Department		
Bacon	..	1	Orange Juice	..	3
Bath Waters	..	41	Apple and Blackcurrant Juice	..	3
Cellar Waters	..	4			6
Cherries	..	1			
Condensed Milk	..	1			
Dry Chocolate Milk	..	1			
Effluent	..	1			
Fondant	..	1			
Glucose	..	1			
Junket Powder	..	1			
Meat	..	2			
Meat Stew	..	1			
Potted Meat	..	1			
Sausage	..	1			
Towels	..	2			
Urine	..	4			
Phosphatase Milks	..	1,444			
		— 1,508			
Weights and Measures Department			Water Department		
Ice Lollipop	..	1	Waters (Chemical)	..	231
		— 1	Waters (Bacterial)	..	199
Markets Department			Waters (Biological)	..	36
Lissapol N.D.B.	..	1	Deposit	..	2
Paint	..	1	Grit from Iron Piping	..	1
		— 2	Iron Piping	..	1
			Mud	..	35
			Mussels	..	1
			Sand	..	1
			Soft Soap Substitute	..	1
			Soil	..	8
					— 516
			Total	..	2,407
					—

TABLE I
**Miscellaneous Samples examined from sources other
than Corporation Departments**

Article	No.	Article	No.
Bleach Liquid	1	Lemon Powder	1
Breast Milk	2	Medicine	3
Bristles	1	Milk	2
Butter	1	Milk (Tinned)	1
Cakes	11	Oil	2
Calf Meal	1	Oily Liquid	1
Capsules	1	Orange Squash	1
Cat Meat	1	Photography Fixing Solution	1
Cereals	4	Pigments	3
Chloros	1	Plums	1
Christmas Pudding	1	Sausages	3
Coconut Ice	1	Spray Fluid	1
Cordial (Thrento Flavour)	1	Water (Bacterial)	7
Cow Feeding Nuts	1	Water (Biological)	1
Custard	2	Water (Brook)	1
Dried Blood	1	Water (Chemical)	21
Gelatine	1	Water (Distilled)	1
Goats' Cream	1		
Harpic	1	Total	87
Leather	1		—
Lemonade	1		—

TABLE J. Samples submitted by members of the Public

Article	No.	Article	No.
Black Pudding	1	Lemon Cheese	1
Bread	2	Malt and Cod Liver Oil	1
Brewed Tea	1	Medicine	1
Cheese	1	Milk	2
Coffee	1	Milk Bottle	2
Condensed Milk (Unsweetened)	1	Milk Whipping Compound	1
Cream Cake	1	Potted Meat	1
Creamola	1	Scotch Oatmeal	1
Desiccated Coconut	1	Strawberry Jam	1
Drinking Powder	1	Tincture of Iodine	1
Fish and Chips	1	Tizer	1
Flour	1	Tomato Soup	1
Ground Almonds	1		—
Ham	1	Total	30
Ice Cream Wafers	1		—

TABLE L
Samples of Milk examined by the Phosphatase Test, 1950

Dairy	Number Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% Satisfactory in previous years		
			1950	1949	1948
1	249	100.0	100.0	99.2
2	250	100.0	99.6	98.8
3	251	100.0	100.0	99.2
4	249	100.0	100.0	96.8
5	207	100.0	—	—
8	232	98.3	99.6	100.0
7	—	—	—	100.0
Miscellaneous (mainly samples submitted for Bacteriological Tests)	..	101	100.0	100.0	100.0
Total	..	1,543	1,539	99.7	99.0
					99.8

TABLE K
Summary of Samples examined by Bacteriological Methods
during 1950

Milk	..	..	..	..	..	..	..	1,266
Pasteurised Milk supplied to Schools	..	..	..	..	..	..	..	68
Reservoir and other Waters (for Water Committee)					..	..	..	198
Waters (for Health Committee) ..	..	..	..	..	..	..	..	259
Swimming Bath Waters	..	..	..	..	..	..	..	41
Miscellaneous Waters ..	..	..	..	..	..	..	..	11
Shellfish	..	..	..	..	..	..	..	38

TABLE M
B. Coli Content of Reservoir Water, 1950

Reservoir	No. of Samples	B. Coli Absent	Probable No. of B. Coli per 100 mls.			
			1—2	3—10	11—25	More than 25
Swithland						
Filtered Water	17	4	3	3	4	3
Chloraminated Water ..	17	16	0	1	0	0
Cropston						
Filtered Water	15	4	2	3	2	4
Chloraminated Water ..	16	16	0	0	0	0
Thornton						
Filtered Water	21	1	2	4	5	9
Chloraminated Water ..	8	8	0	0	0	0
Derwent ..	3	3	0	0	0	0
City Supply .. (from mains)	87	58	10	5	8	6

TABLE N
Ice Cream Samples examined during 1950 (Total 104)

	Fat %	Total Solids %
Highest	15.5	46.4
Lowest	2.9	21.8
Average	7.7	33.0

Fat Content	No. of Samples	% of Samples
Below 2.5%	Nil	Nil
Between 2.5% and 5%	21	20.2
Between 5.0% and 10.0%	60	57.7
Over 10%	23	22.1

TABLE O
Atmospheric Pollution

Lead Peroxide Method for SO₂ Average Monthly Figures for 1950
Results expressed in mgms. of SO₃ per 100 sq. cm. per day

Month	Station	
	Westcotes	Grey Friars
January	2.60	4.15
February	2.04	4.22
March	1.92	4.05
April	1.13	2.47
May	1.18	2.34
June	0.35	1.03
July	0.46	1.55
August	0.27	1.37
September	0.80	1.92
October	1.00	3.06
November	1.65	3.92
December	2.67	4.26

TABLE P. Atmospheric Pollution

Figures obtained from Standard Deposit Gauge, 1942-1950

Site of Gauge : Town Hall Roof, Leicester

Year	Average Monthly Rainfall, inches	Average deposit in tons per square mile per month					
		Insoluble Deposit				Soluble Deposit	Total Deposit
		Tar	Soot	Ash	Total		
1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37
1947	1.80	0.25	2.94	9.06	12.27	5.75	18.02
1948	2.19	0.19	4.96	9.13	14.28	5.46	19.8
1949	1.92	0.26	4.89	9.94	15.07	5.91	20.49
1950	2.00	0.33	5.09	16.22	21.55	8.44	30.08
Aver. for nine yrs.	2.03	0.22	4.06	13.29	17.56	6.49	24.01

Report on the Sanitary Inspection Department for the year 1950

By

F. G. McHUGH, F.R.San.I., F.S.I.A.,
Chief Sanitary Inspector

STAFF

Sanitary Inspectors

Mr. H. Elkington, Deputy Chief Sanitary Inspector, retired in May after completing 27 years with the Leicester Corporation. He did much to raise the standard of meat inspection in this district and was recognised by all his colleagues as an expert in this particular branch of our work. He was very highly respected both by those engaged in the meat trade as well as by his colleagues.

Mr. M. C. Cripps was appointed and took up his duties as Deputy Chief Sanitary Inspector in June.

Mr. H. Forrest resigned in May to take an appointment with the Manchester Corporation.

Mr. C. W. Richards resigned in June to take an appointment at Bridgwater.

Mr. A. Bevan resigned in November to take an appointment in Wales.

Mr. F. V. Dennis also resigned owing to ill-health.

Mr. P. E. Chattelle, Mr. D. Peckham and Mr. S. J. Garrod were appointed and took up their duties in June.

Mr. C. E. Attfield was appointed and took up his duties in November.

Mr. H. H. Cometson was appointed and took up his duties in December.

The work of the Sanitary Inspectors has been seriously disorganised during the year by their diversion from routine sanitary inspection

work to the carrying out of a survey of some 18,000 to 20,000 of our older houses in the central areas of the city.

Information was required to enable the City Council to decide what amount of land is needed for house building during the next 20 years.

The staff had been built up to its pre-war level and the Inspectors were settled into their various districts when this special housing survey had to be undertaken.

A further diversion of Inspectors from their routine work was occasioned by an outbreak of dysentery in the city.

It is inevitable that when Inspectors have to leave their districts to carry out other duties, the necessary repair works to dwelling houses suffer and the occupants are inconvenienced.

Progress in this work is not estimated by the number of houses inspected and the number of repair schedules issued to owners, but by the number of houses which are put in a reasonable state of repair. There are greater difficulties today than ever before in actually getting repair work done, owing to the cost of materials and labour, and the scarcity of these two commodities.

SYNOPSIS OF SANITARY INSPECTION WORK

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

		Inspections	Re-inspections	Total
Re Accumulations ..	..	77	174	251
Re Animals, Poultry, Swine, etc.	..	36	28	64
Ashpits and Ashbins ..	..	295	84	379
Bakehouses ..	..	60	11	71
Canal Boats ..	..	8	3	11
Cesspools ..	..	2	1	3
Closets—Water ..	..	364	328	692
Privies ..	..	31	7	38
Pails ..	..	5	3	8
Cold Stores ..	..	10	3	13
Common Lodging Houses—Day ..	..	9	1	10
Complaints Received ..	..	4,190	1,769	5,959
Complaints Confirmed ..	..	3,044	3,568	6,612
Re-visits ..	..	—	3,336	3,336
Cowsheds ..	..	19	—	19
Dairies ..	..	16	57	73
Dangerous Structures ..	..	69	3	72
Ditches and Watercourses ..	..	12	16	28
Drains—Inspected ..	..	1,190	889	2,079
Smoke Tests ..	..	470	70	540
Chemical Tests ..	..	13	1	14
Colour Tests ..	..	136	7	143
Entertainment Houses ..	..	4	8	12
Factories ..	..	182	69	251
Fish Frying Premises ..	..	41	10	51
Food Control ..	..	93	4	97
Food Examination ..	..	637	5	642
Food Manufacturing Premises ..	..	173	33	206
Food Vendors' Vehicles ..	..	26	21	47
Food Warehouses ..	..	204	33	237
Hotel and Restaurant Kitchens ..	..	329	158	487
Houses Let in Lodgings—Day ..	..	64	17	81
Houses re Contagious Disease ..	..	2,612	987	3,599
Specimens taken	2,743	—	2,743	
Contagious Disease Contacts	870	280	1,150	
Disinfection ..	..	30	12	42
Vermin ..	..	215	46	261
Overcrowding ..	..	197	81	278
Housing Acts				
Section 9 (Repairs)—Houses ..	..	1,143	1,231	2,374
Other Buildings	2	9	11	
Section 11 (Individual Unfit) Houses ..	12	—	—	12
Section 25 (Clearance Areas)—				
Special Visits	12,574	319	12,893	
Carried forward ..	32,207	13,682	45,889	

		Inspections	Re-inspections	Total
Brought forward	..	32,207	13,682	45,889
Ice Cream Premises	..	528	118	646
Markets—Retail Fish	..	262	—	262
Retail Provision	..	166	—	166
Wholesale Fish and Fruit	..	643	—	643
Meeting with Owner or Tradesman	..	2,313	36	2,349
Merchandise Marks Act	..	1	1	2
Milk Shops	..	12	3	15
Nursing Homes	..	3	1	4
Offensive Trade Premises	..	25	1	26
Outworkers	..	1	—	1
Piggeries	..	33	—	33
Schools	..	13	2	15
Sewers, etc.	..	6	—	6
Shops—Fish	..	69	5	74
Fruit	..	50	13	63
Meat	..	101	19	120
Other Food Shops	..	367	50	417
Shops Acts	..	858	197	1,055
Slaughterhouses—Private	..	32	4	36
Smoke Observations	..	69	8	77
Special Visits re Smoke	..	226	12	238
Special Visits	..	2,616	500	3,116
Stables	..	19	1	20
Street Gullies	..	4	—	4
Streets or Back Roads	..	1	—	1
Tips	..	5	—	5
Urinals—Private	..	17	9	26
Public	..	18	2	20
Van Dwellings	..	36	74	110
Wells	..	2	—	2
Yards and Courts	..	61	58	119
Grand Totals ..	..	40,764	14,796	55,560

Comparative figures for 1949	(34,185)	(14,021)	(48,206)
Notices—Served—Informal ..	..	..	2,217
Formal ..	..	..	19
Complied with—Informal ..	..	..	1,900*
Formal ..	..	..	13

*(Includes 1,164 notices served in previous years)

Samples—Bacteriological ..	..	..	..	1,334
Fertiliser and Feeding Stuffs Act	..	..	..	27
Food and Drugs Act	..	..	..	1,016
Milk for T.B. ..	..	..	..	47

The matters dealt with in this Report are arranged, as far as possible, alphabetically.

CANAL BOATS

Inspectors were able to inspect very few boats during the year as few come into this area.

No case of infectious illness on a canal boat was reported, and one canal boat had to have some repainting of the cabins done.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY

	Cesspools	Pail Closets	Chemical Closets
Number remaining December, 1949	79	78	1
Number abolished during year 1950	3	12	—
Number remaining December, 1950	76	66	1

Drains

Voluntary Cleansing of Stopped Drains by Health Department

Two hundred and ninety-one drains were attended to and of these 169 were unstopped immediately. In the remaining 122 cases the owners' attention had to be called to them.

IMPROVEMENTS TO HOUSES

							No. of Houses
Separate internal water supply in place of taps in common yards	..	..	..	..	..	..	16
Additional water closets	..	..	..	..	..	..	21

DISINFECTION

Houses or parts of houses disinfected	..	911
Clothing and Bedding, etc., comprising	..	3,091 articles disinfected

DISINFESTATION

	<i>Council Houses</i>	<i>Other Houses</i>
Houses disinfested	..	349
Clothing and Bedding, etc., comprising	241	articles disinfested.

ICE CREAM PREMISES REGISTERED

(Position at end of 1950)

For Manufacture, Storage and Sale	For Sale of Prepacked only	Total
Hot mix 18		
Cold mix 3		
Freezing only 4		
	—	
	397	422
	25	

Registration of Premises for the Manufacture of Ice Cream

No new application for the registration of premises for the manufacture of ice cream was received during the year.

Six manufacturers ceased manufacture of ice cream during the year.

Nearly all existing manufacturers have now completed the installation of recording thermometers to indicate and record the temperature to which ice cream mixture is subjected in the manufacture of ice cream.

The "appointed day" from which local authorities may require the installation of such apparatus under the Ice Cream (Heat Treatment, etc.) Regulations, 1947, has now been notified as 1st March, 1951.

Registration of Premises for the Storage and Sale of Ice Cream

Practically all the applications received have been for the sale of prepacked ice cream—either in covered tubs or small wrapped blocks. The majority of the applications are from keepers of small shops who usually sell a large variety of commodities.

The Health Committee, in considering these applications, has refused to register premises where there is a risk of contamination from the sale of commodities such as root vegetables, firelighters, firewood, paraffin, etc., or where a laundry agency is carried on involving the handling of dirty linen.

Washing Facilities

In all cases conveniently situated washing facilities are required with running hot water as well as running cold water. In the case of lock-up shops this frequently presents insuperable difficulties.

Twenty-eight persons were invited to appear before the Committee to show cause why they should not be refused registration; seven

persons appeared. Fresh proposals were submitted and accepted in three cases. The remaining 25 applicants were refused registration.

BACTERIOLOGICAL EXAMINATION OF SAMPLES OF ICE CREAM

For the purpose of bacteriological examination of samples of ice cream four grades are referred to :

Grade I indicates a satisfactory standard of cleanliness.

Grade IV is definitely unsatisfactory.

Grades II and III are intermediate.

Compared with results obtained last year, the high percentage of satisfactory samples (Grades I and II) has been increased this year, and samples placed in Grades III and IV have been reduced by one-half.

The reduction in the number of samples taken during the year is due to the Inspectors concerned being engaged on work in connection with a survey of housing needs, on which something like two-thirds of the Sanitary Inspection staff was engaged.

Grade	Prepacked	Loose	Total	Percentage
1	55	51	106	62.4%
2	27	18	45	26.5%
3	8	5	13	7.6%
4	1	5	6	3.5%
	—	—	—	—
	91	79	170	100.0%
	—	—	—	—

CHEMICAL EXAMINATION OF SAMPLES OF ICE CREAM

The fat content of loose ice cream varied from 3% to 10.5%, the average being 4.1%.

The fat content of prepacked ice cream varied from 3.2% to 15.5%, the average being 8.9%.

During the year, the Food Standards Committee of the Ministry of Food issued a report recommending that an interim standard of 5% fat, 10% sugar, and 7½% milk solids not fat, be established for ice cream. No difficulty should be experienced by manufacturers in the city in attaining this standard.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI

Milk and Dairies (Consolidation) Act, 1915

Number of Samples of Milk taken for microscopical and biological examination for Tuberclle Bacilli :

Year	1946	1947	1948	1949	1950
Number taken	36	18	24	55	47
Percentage containing Tuberclle Bacilli	2.8	—	8.33	—	2.12%

Details respecting samples taken

	Number of Samples taken	Number reported containing Tuberclle Bacilli	Number reported negative	Number unsatisfactory although negative as regards Tuberclle Bacilli
Cowkeepers with registered premises within City boundaries ..	42	1	32	9
Cowkeepers with premises outside City boundaries	5	—	3	2
Totals ..	47	1	35	11

OFFENSIVE TRADES

Particulars of all Offensive Trades in the City :

Number of Tripe Dressers ..	..	..	..	7
Number of Marine Store Dealers ..	..	..	..	9

RENT RESTRICTIONS ACTS

Certificates Granted	6
-------------------------	----	----	----	----	---

SLAUGHTERHOUSES

Particulars of all Slaughterhouses in the City :

*Private Slaughterhouses	30
Licensed Private Slaughterhouses (includes two Knackers' Yards)	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
Corporation Slaughterhouses situated at City Hospitals :	
City Mental Hospital	1
City General Hospital	1
	—
Total Slaughterhouses	54
	—

*No slaughtering is being done in these slaughterhouses at present.

INSPECTION OF SHOPS

SHOPS INSPECTED

Fish	19
Fruit	39
Meat	53
Other Foods	189
Total Shops inspected	798
Shops re-inspected	101

Contraventions Work completed

Light	2	..	1
Ventilation	4	..	2
Heating	6	..	4
Sanitary accommodation	27	..	10
Washing accommodation	19	..	8
Meal facilities	2	..	—
Forms required	38	..	4
Seats required	3	..	—
Hot water required	98	..	18
Cleansing	17	..	6
Other defects	36	..	2

INSPECTION OF SHOPS

This work, which only recommenced after the Housing Survey in mid-July, was further interrupted to deal with emergencies, including the dysentery outbreak.

Inspections were made under the Shops Acts (now consolidated in the Shops Act, 1950), the Public Health Act and the Food and Drugs Act (where applicable), and, since their coming into operation on November 13th, 1950, the Clean Food Byelaws.

Advice to prospective shopkeepers taking over new premises and others wishing to improve their arrangements has occupied an increasing proportion of our time. While this has interrupted routine inspection, it has facilitated setting a high standard.

Heating, Lighting and Ventilation

There has been a general improvement in the heating of shops, thanks largely to the variety of convenient heating units now available, electric radiants providing portable and quickly regulated local heating and space heaters and electric tubular heaters a more diffuse warmth. By a suitable choice of unit the objection of food traders that their stock might be injuriously affected can be largely overcome.

Problems of lighting arise mainly in w.c. apartments and passages, and of ventilation mainly in basements and sanitary suites.

Sanitary Accommodation

Sufficiency of sanitary accommodation had generally been dealt with in the original prewar survey. Additional accommodation has mainly been required through the introduction of female labour in the grocery trade. For the most part, shops employed fewer assistants than when previously inspected and had ample w.c. accommodation.

Washing Facilities

Cases dealt with included shops without wash basins, sinks, or even indoor water supplies, and two premises where sink waste pipes had been made to discharge into a nearby water closet instead of to a gully.

Constant hot water has been required in all shops where food is handled loose. Supplies dependent on the back boiler of an open grate have not been accepted, since hot water is not normally available with such a system in warm weather when greatest care in food hygiene is necessary. Chief objection to the provision has been from butchers who heat water in bulk in wash boilers for washing down and claim that this supply is sufficient. Considerable progress has, however, been made in this matter, which has been a convenient focal point for food hygiene propaganda, and the food trades now generally appreciate that it is essential to real personal and general cleanliness.

Cleansing and Redecoration

Some traders have not made good the leeway caused by wartime and postwar shortages.

Welfare of Shop Assistants

There were noticeably fewer "Young Persons" (i.e., under 18 years) employed in retail shops than prewar. Their place is largely taken by married women often working part-time. No cases of excessive hours were found, shop hours generally being well within those laid down for Young Persons. The shortage of labour has itself caused improved working conditions, including provision of staff rooms with canteens or other meal facilities. Unless such accommodation is sufficiently accessible from the shop, however, they do not obviate the requirement of seats for female assistants "behind the counter, or in such other position as may be suitable for the purpose" (Sec. 37, Shops Act, 1950).

The Clean Food Byelaws

Food traders have been acquainted of their obligations under the new byelaws in the course of inspections. Particular attention has been paid to the protection (from dust, undue handling, and the breath of customers) of cooked meats, fats, cheese and cream and sugar confectionery by means of glass covers and cases.

Prior Approval

The department's approval of premises is required by the food authorities where a new application is made for an allocation of rationed foods. This applies particularly in the case of catering, fish frying and sugar confectionery. Such approval is also increasingly sought by prospective purchasers of shops, mortgagees, etc., and by shopkeepers wishing to ensure that their premises comply with present standards. Suggestions for improving the layout and construction of shops on the Council's Housing Estates have also been welcomed by the Housing Department.

Shops in Slum Districts

A very serious problem, parallel with that of slum housing itself, is presented by these premises.

CLEAN FOOD BYELAWS

On the 31st July of this year the City Council made Clean Food Byelaws under Section 15 of the Food and Drugs Act, 1938, and these Byelaws came into operation on the 13th November, 1950.

Before proceeding with the adoption of the Byelaws conferences were held between representatives of the Health Committee and the Com-

mittee of the Markets Department, as it was realised that considerable reorganisation of the Market layout would be involved.

Later, an open meeting was held which was attended by members of the two committees and the stall-holders when the provisions of the Bye-laws were freely discussed with special reference to the problem of the sale of foods from stalls in the open air.

These Byelaws aim at securing the observance of sanitary and cleanly conditions in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption. The Byelaws also require personal cleanliness from all food handlers and protection of food from all forms of contamination, with particular reference to human carriers of disease.

Other important provisions are that there shall be suitable and sufficient light in rooms where food is handled, and that all surfaces with which food is liable to come into contact shall be non-absorbent to facilitate thorough cleansing. Detailed requisites are also laid down concerning the provision and maintenance of proper refuse receptacles.

The importance of hand washing facilities for persons engaged in handling food, and the protection of all food from the risk of contamination is strongly stressed in the Byelaws. Statistics indicate that the kind of food most frequently responsible for food poisoning is processed and made-up meat.

Your Sanitary Inspectors in administering these Byelaws will find it necessary to call for much reconstruction work in catering establishments and shops, the installation of new equipment and the adoption of more cleanly methods of handling foodstuffs in all stages.

There will be many difficulties in obtaining materials (particularly metals) and building labour, and the cost will be great. The progress is bound to be slow having regard to present-day difficulties.

Similar improvement work has however been done in the city since the late war, in connection with ice cream manufacturers, and those engaged in the trade have co-operated very well with the staff of this department. We hope for similar co-operation with those who are affected by the new Byelaws.

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons	Cwt.	Qrs.	Lb.	
Fish (excluding					
Shell Fish) . .	25	9	—	3 $\frac{1}{4}$	
 Shell Fish :					
Cockles . .	—	—	—	—	
Crabs . .	—	7	2	4 $\frac{1}{2}$	
Lobsters . .	—	1	2	—	
Mussels . .	7	10	1	14	
Other Shell Fish . .	—	8	1	6	
Fruit . .	3	17	2	8	
 Meat :					
Cattle Market	295	10	1	7	
Private					
Slaughter-					
houses . .	1	3	2	24	
Retail Shops . .	—	9	2	18 $\frac{1}{2}$	
Vegetables . .	1	18	1	19	
Poultry, Game, etc.					
Chickens and Fowls		129			
Ducks . .	..	..	17		
Geese . .	..	..	22		
Grouse . .	..	..	65		
Hares . .	..	..	11		
Partridges . .	..	..	5		
Pigeons . .	..	..	1		
Rabbits . .	..	..	1,561		
Turkeys . .	..	..	51		
Preserved Foods (tinned)					
Fish . .	..	..	1,993	tins	
Fruit . .	..	..	4,122	tins	
Meat . .	..	..	3,239	tins	
Milk . .	..	..	5,978	tins	
Others (mostly					
vegetables) . .	..	..	9,734	tins	
Other Foods, etc.					
Bacon . .	..	..	292 $\frac{1}{4}$	lb.	
Baking powder . .	..	..	7	packets	
Barley (Patent) . .	..	..	1	packet	
Beverage Powder . .	..	..	40	bottles	
Black Pudding . .	..	..	52	lb.	
Bread . .	..	..	95	loaves	
Bread Rolls . .	..	..	10		
Butter (Peanut) . .	..	..	8	jars	
Cake . .	..	..	16	lb.	
Cakes (various) . .	..	..	67		
Cake Fillings (coco-					
nut) . .	..	..	1,680	lb.	
Cake Mixture . .	..	..	38	packets	
Cereals . .	..	..	298	lb.	
Cheese . .	..	..	406 $\frac{3}{4}$	lb.	
Coconuts . .	..	..	2	tons	
Coffee . .	..	..	37	bottles	
Cream (artificial) . .	..	..	2	gallons	
Dessert Powder . .	..	..	21	lb.	
Fish . .	..	..	5	jars	
Flour . .	..	..	5	lb.	
Fruit . .	..	..	222	bottles	
Gravy Powder . .	..	..	12	packets	
Jam (various) . .	..	..	15	jars	
Lemon Conserve . .	..	..	28	lb.	
Macaroni . .	..	..	16	lb.	
Margarine . .	..	..	3	lb.	
Meat Paste . .	..	..	15	jars	
Milk Food Prepara-					
tion . .	..	..	40	packets	
Mustard . .	..	..	276	jars	
Olives . .	..	..	30	jars	
Pasties . .	..	..	42		
Pastry Mixture . .	..	..	62	packets	
Pickles :					
Beetroot . .	..	..	6	jars	
Cabbage . .	..	..	43	jars	
Onions . .	..	..	181	jars	
Pies (meat, etc.) . .	..	..	24		
Pikelets . .	..	..	311		
Puddings (Christmas,					
etc.) . .	..	..	920		
Pudding Mixture . .	..	..	80	packets	
Rice . .	..	..	1	cwt.	
Salad Dressing . .	..	..	16	jars	
Sandwich Spread . .	..	..	113	jars	
Sauce . .	..	..	719	bottles	
Sauerkraut . .	..	..	225	bottles	
Sausage . .	..	..	232	lb.	
Semolina . .	..	..	130	lb.	
Suet . .	..	..	6	packets	
Tea . .	..	..	11 $\frac{1}{2}$	lb.	

MILK TRADERS—LICENSING AND REGISTRATION
MILK AND DAIRIES

MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND
STERILISED MILK) REGULATIONS, 1949

and

MILK (SPECIAL DESIGNATIONS) (RAW MILK)
REGULATIONS, 1949

APPLICATIONS FOR LICENCES

					No. of applications received
Dealer's (Pasteuriser's) Licence	..	..	..	..	5
Dealer's (Steriliser's) Licence	..	..	..	..	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	..	7
Dealer's Licence authorising the sale of "Accredited" Milk	..	..	..	..	2
Dealer's Licence authorising the sale of "Sterilised" Milk	..	..	..	..	116
Dealer's Licence authorising the sale of "Pasteurised" Milk	..	..	..	..	37
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk	..	..	..	..	1
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	..	1

No objection was raised to the granting of these licences.

Food and Drugs Act, 1938

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS

1946	1947	1948	1949	1950
764	769	943	1,001	1,016

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 15

Milk (Special Designations) Order, 1936

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION

1946	1947	1948	1949	1950
837	933	1,214	1,141	1,334

**ADMINISTRATIVE ACTION REGARDING SAMPLES
NOT REPORTED TO BE 'GENUINE'**

(For details of analysis, see Report of the Public Analyst, page 123)

MILK SAMPLES REPORTED 'NOT GENUINE'

		Formal	Informal
Milk	57 (1 Private)

**SAMPLES OTHER THAN MILK REPORTED
'NOT GENUINE'**

		Formal	Informal
Black Pudding	..	..	— 1 (Private)
Bread	..	..	— 1 (Private)
Bun Flour	..	..	— 1
Coffee and Chicory Essence	..	..	— 1
Currants	..	..	— 1
Desiccated Coconut	..	..	— 1
Drinking Powder	..	..	— 1 (Private)
Fish Paste	..	..	— 3
Flour Pudding Powder	..	..	— 1
Flavouring	..	..	— 2
Gravy Powder	..	..	— 1
Ice Cream Wafers	..	..	— 1 (Private)
Lemon Cheese	..	..	— 1 (Private)
Malted Milk	..	..	— 3
Mussels	..	..	— 10
Malted Soyacream	..	..	— 2
Mustard Sauce	..	..	— 1
Oatmeal	..	..	— 1 (Private)
Pudding Flour (Creamola)	..	..	— 2 (1 Private)
Pastry Mix	..	..	— 1
Porridge Oats	..	..	— 1
Sweetened Cake and Pudding Mix	..	— 1	1
Strawberry Jam	..	..	— 2 (1 Private)
Tizer	..	..	— 1 (Private)
Tinned Cherries	..	..	— 1

			Formal	Informal
Tomato Ketchup	..	..	1	1
Vinegar	..	..	—	2
Aspirin Tablets	..	..	1	2
Children's Cough Syrup	..	..	—	1
Disprin Tablets	..	..	—	1
Friars' Balsam	..	..	—	1
Honey and Lemon Linctus	..	..	—	1
Malt Extract and Cod Liver Oil	..	..	—	1
Medicine	..	..	—	1 (Private)
Parrish's Chemical Food	..	..	—	2
Soda Mint Tablets	..	..	—	4
Seidlitz Powder	..	..	—	1
Tincture of Iodine	..	..	1	2
Bone Meal	..	..	—	2
Dried Blood	..	..	—	2
Poultry Balancer Meal	..	..	—	3

Note : The samples marked "Private" are those which were brought in by members of the public and not procured by the Inspector.

In all cases where proceedings were not taken, written cautions were sent or "follow-up" samples were immediately obtained.

LEGAL PROCEEDINGS

Acts, Bye-laws or Regulations under which proceedings were instituted	Default or Offence	Fines		Costs			
		£	s.	d.	£	s.	d.
Housing Act, 1936, Section 168	Failure to supply information as to ownership ..	2	0	0	—		
Food and Drugs Act, 1938	Selling to the prejudice of the purchaser milk not of the quality demanded ..	6	0	0	2	2	0
		(3 counts)					
Public Health Act, 1936, Section 92	Failure to comply with statu- tory notice to carry out repairs to dwelling houses : Ordered to carry out work within six weeks and						
	Owner fined ..	2	10	0	1	0	0
	Agent fined ..	2	10	0	—		
Public Health Act, 1936, Section 269	Van dwelling and tent giving rise to a nuisance ..	2	0	0	—		
Food and Drugs Act, 1938	Selling to the purchaser Dessicated Coconut not of the nature, substance and quality described ..	2	0	0	—		

TABLE A. Total Weights of Meat Condemned. 1950

	British Meat				Imported Meat				British Offal				Imported Offal				Totals			
	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.
Ministry of Food Central	178	4	2	23	2	14	3	0	113	6	2	2	0	0	2	14	294	6	2	11
Slaughterhouses	0	13	0	21	0	0	0	0	0	10	2	3	0	0	0	0	1	3	2	24
Totals ..	178	17	3	16	2	14	3	0	113	17	0	5	0	0	2	14	295	10	1	7

TABLE B. Weight of Carcasses, Parts and Offals of Animals affected with Tuberculosis and Other Diseases

	Tuberculosis				Other Diseases				Totals				Carcasses				Parts		Offals	
	Carcasses		Parts		Offals		Carcasses		Carcasses		Parts		Carcasses		Parts		Carcasses		Parts	
Bulls ..	3	1	1	3	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.
Bullocks ..	4	17	0	26	12	5	3	11	14	14	0	20	2	1	3	20	1	0	1	17
Heifers ..	5	15	3	1	5	16	0	26	7	6	1	8	0	15	3	0	0	17	3	0
Cows ..	55	16	3	8	52	17	0	10	59	9	2	10	9	3	0	13	2	0	3	8
Calves ..	0	4	3	23	0	0	0	6	0	1	0	13	1	9	3	16	0	0	10	0
Sheep and Lambs ..	0	0	0	0	0	0	0	0	0	0	0	0	2	4	2	5	0	3	2	16
Pigs ..	3	7	2	10	7	7	2	26	6	8	3	7	1	16	2	0	0	9	1	21
Totals ..	73	3	2	15	79	10	3	4	89	15	1	21	19	10	2	14	4	15	2	22

TABLE C. Imported Meat Condemned. 1950

	Carcase	No. of	Parts			No. of	Offals	No. of	Tins	No. of	Weight	Items													
			T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.											
Beef	..	0	0	0	0	0	0	10	1	17	19	0	0	0	0	901	2	6	1	8	920				
Mutton	..	0	0	3	12	2	0	0	0	0	0	0	2	14	35	0	5	2	0	108	0	6	3	26	145
Pork	..	0	0	0	0	0	0	0	4	9	2	0	0	0	0	0	0	0	20	4	0	1	3	1	6
Veal	..	0	0	0	0	0	0	0	1	7	1	0	0	0	0	0	0	0	0	0	0	0	1	7	1
Totals	..	0	0	3	12	2	0	11	3	5	22	0	2	14	35	2	2	0	11	1,013	2	15	1	14	1,072

TABLE D. Number of Carcasses, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis			Other Diseases			Totals													
	Carcasses	Parts	Offals	Carcasses	Parts	Offals														
Bulls	8	48	27	5	8	125	5	137	40	5	5	1,166	18	2,258	1,788	1,788	114
Bullocks	17	485	557	8	8	51	5	40	40	40	40	1,166	18	438	438	438	3,450
Heifers	26	153	219	5	5	51	5	40	90	90	90	1,166	18	892	892	892	892
Cows	227	1,401	1,166	40	40	40	40	40	132	132	132	1,166	18	4,759	4,759	4,759	4,759
Calves	5	1	0	2	2	2	2	2	34	34	34	5	2	13	13	13	111
Sheep and Lambs	0	0	0	0	0	0	0	0	31	31	31	0	0	2,170	2,170	2,170	2,336
Pigs	41	1,191	193	31	31	31	31	31	44	44	44	41	44	206	206	206	1,706
Totals	314	3,279	2,162	311	311	311	311	311	401	401	401	314	401	6,891	6,891	6,891	13,368

TABLE E. Total Number of Animals Slaughtered, 112,176, comprising : 1950

		Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Totals
		454	7,632	4,204	7,084	9,872	53,637	27,635	110,518
Casualties	..	49	103	142	306	282	503	273	1,658
Totals	..	503	7,735	4,346	7,390	10,154	54,140	27,908	112,176

Percentage of all Animals Affected with Disease, 11.91%

TABLE F. Percentage of Animals Affected with Tuberculosis and Other Diseases

		Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis . .	..	16.50	13.69	9.16	37.80	0.06	—	5.11
Other Diseases	..	6.16	30.91	11.36	26.58	1.03	4.31	1.00

TABLE G. Percentage of Whole Carcasses rejected

		Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis . .	..	1.68	.21	.59	3.07	.04	—	.14
Other Diseases	..	.99	.10	.11	.54	.88	.24	.11

TABLE H. Tabulated List of other defined Diseases and their incidence in Carcases rejected : 1950

Disease	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Total
Abscess	1	1	..	..	1
Acute Fever	1	1	12	24	24
Black Quarter	1	..	..	..	1
Bruising Extensive	12	..	13
Caseous Lymphadenitis	1	..	..	1
Carcinoma
Dropsey
Dead Animals
Decomposition
Emaciation
Enteritis
Gangrene
Immature
Jaundice
Johnes
Joint Ill
Metritis
Nephritis
Oedema
Pneumonia
Pyaemia
Septic Enteritis
Septic Pericarditis	2	..	..	..
Septic Metritis	1	..	..
Septic Mamitis	2	..	..
Septic Mastitis	1	..	..
Septic Nephritis
Septic Pneumonia
Traumatic Pericarditis
Uræmia
Septicaemia
Totals	5	8	5	40	90
							132	31
								311

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		Occupiers prosecuted (5)
		Inspections and Re-Inspections (3)	Written notices (4)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	149	21	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,067	296	53	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) .. ..	.. ..	.. ..	1	—
Total	2,216	318	59	—

*i.e., Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found					Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)		
Want of cleanliness (S.1)	7	6	—	2
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7):						
(a) insufficient	14	9	—	7
(b) unsuitable or defective	47	29	—	41
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
Total	68	*44	—	50	—

(*Includes 17 from previous years)

PART VIII OF THE ACT
OUTWORK (Sections 110 and 111)

Nature of Work	Section 110		Section 111	
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises
Notices served	Prosecutions			
Wearing apparel, Making, etc.	1,906	—	—	—
Umbrellas, etc.	19	—	—	—
Carton making	13	—	—	—
Total	1,938	—	—	—

F. G. McHUGH, F.R.San.I., F.S.I.A., *Chief Sanitary Inspector*

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